

APPLICATION FOR LAND SUBDIVISION (PLAT)

DATE RECEIVED: _____

CHECK ONE: Preliminary Plat Final Plat Replat Amended Cancellation

1. PROPOSED SUBDIVISION NAME: _____ UNIT NO. _____

LOCATION DESCRIPTION/NEAREST COUNTY ROAD _____

ACREAGE _____ NO. OF LOTS: EXISTING _____ PROPOSED _____

REASON(S) FOR PLATTING/REPLATTING _____

2. OWNER/APPLICANT*: _____

(*If applicant is person other than owner, a letter of authorization must be provided from owner)

ADDRESS: _____

TELEPHONE: _____ FAX: _____ MOBILE: _____

EMAIL: _____

3. LICENSED ENGINEER/SURVEYOR: _____

MAILING ADDRESS: _____

TELEPHONE: _____ FAX: _____ MOBILE: _____

EMAIL ADDRESS: _____

4. LIST ANY VARIANCES REQUESTED: _____

REASON FOR REQUEST (LIST ANY HARDSHIPS): _____

5. PRESENT USE OF THE PROPERTY: _____

INTENDED USE OF LOTS: (CHECK ALL THOSE THAT APPLY)

RESIDENTIAL (SINGLE FAMILY)

RESIDENTIAL (MULTI-FAMILY)

OTHER (SPECIFY) _____

6. PROPERTY LOCATED WITHIN CITY ETJ: YES NO

If yes, Name of City: _____

7. IS ANY PART OF THE PROPERTY IN A FLOODPLAIN? YES NO

WATER SUPPLY: _____ ELECTRIC SERVICE: _____

SEWAGE DISPOSAL: _____ GAS SERVICE: _____

8. Is the property subject to any liens, encumbrances, or judgments? If so, give details. (Provide separate sheet if needed) Permission from any lien holders and/or removal of any encumbrances or judgments will be necessary prior to filing of said plat with the County Clerk's Office.

9. See platting requirements. All necessary documents to reflect compliance must be complete before application will be deemed complete.

10. I agree to comply with all platting and subdivision requirements of Hopkins County, Texas. I understand that the plat will NOT be forwarded to the Commissioners' Court unless all documentation is satisfactorily filed with the County Clerk's Office correction due date.

Signature of Owner/Applicant

Print Name & Title

** If applicant is person other than owner, a letter of authorization must be provided from owner. Signature indicates authorization for plat application and acceptance of waiver statement.

DATE: _____