



P.O. Drawer 400 2665 San Angelo  
Ingleside, TX 78362  
Phone: 361-776-3815 Fax: 361-776-1027

**APPLICATION FOR PRELIMINARY AND/OR FINAL PLAT/REPLAT OF PROPERTY**

**Permit #:** \_\_\_\_\_

Date Filed: \_\_\_\_\_

**TO THE BUILDING DEPARTMENT:**

In accordance with the Planning and Zoning Subdivision Ordinance, Chapter 54, Article III, application for preliminary and/or final plat/replat is requested on the property below:

APPLICANT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

PROPERTY OWNER (If different):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

LEGAL DESCRIPTION OF PROPERTY TO BE PLATTED:

Lot: \_\_\_\_\_ Blk: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Lot Size: \_\_\_\_\_ Feet X \_\_\_\_\_ Feet Frontage Street Location: \_\_\_\_\_

Address of Property: \_\_\_\_\_

I CERTIFY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT. I ALSO CERTIFY THAT I UNDERSTAND THAT ATTENDANCE IS MANDATORY, EITHER BY MYSELF OR A REPRESENTATIVE, AT ALL HEARINGS, BOTH PLANNING AND ZONING AND THE CITY COUNCIL, FOR THIS REQUEST TO BE CONSIDERED. I ALSO UNDERSTAND THAT FAILURE TO ATTEND WILL RESULT IN TERMINATION OF PROCESS AND RE-APPLICATION WILL BE REQUIRED.

Planning & Zoning Public Hearing: \_\_\_\_\_

Time: 6:00p.m.

City Council Public Hearing: \_\_\_\_\_

Time: 6:30p.m.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted by the Building Department on \_\_\_\_\_ By: \_\_\_\_\_

<b>OFFICE USE ONLY</b>		
APPROVED: _____	DATE: _____	REVIEWED BY: _____