



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.: _____

Cell or Work Phone No.: _____

PROPERTY OWNER (If different):

Name: _____

Address: _____

Phone No.: _____

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: _____

OFFICE USE ONLY

APPROVED: _____ DATE: _____ REVIEWED BY: _____