



1100 McDuff Avenue / Post Office Box 425 Grandview, Texas 76050
Office: (817) 866-2699 Fax: (817) 866-2961

APPLICATION FOR DEVELOPMENT PLAT

SECTION 1. PROPERTY DESCRIPTION

Name of Proposed Project: _____

Property site address: _____

Property legal description: _____

(If applicable) Lot(s): _____ Block(s): _____

(If applicable) Subdivision Plat Name: _____

Current zoning of property: _____

Proposed Zoning/Land Use: _____

Total Acreage: _____ Proposed Single Family Lots: _____ Proposed Multi-family Units: _____

Proposed commercial bldg. sq. ft. _____ Proposed Industrial site sq. ft.: _____

Reason/Justification for Plat: _____

SECTION 2. APPLICANT/OWNER INFORMATION

Applicant/Developer: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address (if different): _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Email: _____

Applicant Status (Check one): Owner Other (State relationship) _____

Property owner MUST SIGN below or submit a signed letter of authorization if Applicant is not owner.

Owner (if different): _____

Individual Partnership Trust Corporation LLC Other: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address (if different): _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Email: _____

