



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

APPLICATION FOR REPLAT

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 Change: _____

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: _____

Engineer: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address (if different): _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Email: _____

Surveyor: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address (if different): _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Email: _____

SECTION 3. DESIGNATION OF AGENT OR REPRESENTATIVE

Applicant hereby designates the following to act in the capacity as my agent and be the primary contact for all communications regarding the submittal processing, representation, and/or presentation of this application.

Agent/Representative: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Email: _____

SECTION 4. IMPORTANT INFORMATION

Applicants are **REQUIRED** by Ordinance to attend a Preapplication Conference at least one week prior to submission of plat application.

Applications are **REQUIRED** to meet the standards within the Replat Checklist for the filing to be accepted, and the date all requirements are submitted shall determine the Official Filing Date.

This application, any checklists, as well as any informational pamphlets or communications are for the purposes of assisting Applicant complete the platting process described by the City of Grandview Code of Ordinances. If there is any discrepancy, the Ordinance controls. Applicants are strongly encouraged to review the Code of Ordinances prior to expending any funds and making any applications.

I certify that the information on this form is COMPLETE, TRUE, and CORRECT, and I, the undersigned, am authorized to make this application.

Signature of Applicant Date

Signature of Owner (if different) Date

OFFICE USE ONLY BELOW

Date of Preapplication Conference: _____ Date application submitted: _____

Date all requirements of Plat Checklist completed – Official Filing Date: _____

Development Director Signature: _____ **PLAT #** _____