



PLATTING APPLICATION

An application is hereby made to the City of Gatesville Planning & Zoning Commission and City Council for the following platting process:

Preliminary Plat Final Plat Amended Plat Re-plat

APPLICANT INFORMATION

Applicant Name: _____ *Address:* _____
Phone: _____ *Email:* _____
Owner Name: _____ *Address:* _____
Phone: _____ *Email:* _____

This application shall only take into consideration documentation submitted with the original application. Any documentation to be considered in lieu of the original submission shall be sent to the Planning Director with a minimum of 10 business days prior to any scheduled public meeting. Once a completion audit is passed, the application shall be scheduled for P&Z and/or City Council consideration, as needed. All communications hereafter, regarding this application, shall be made via the email address or phone number provided by the applicant.

The undersigned hereby acknowledges the requirements of the City's Subdivision Ordinance, Zoning Codes, this Platting Application and all other Development Standards and ensures this application and all associated documentation is in full compliance with all applicable regulations; non-compliance shall be grounds for disapproval. Furthermore, the undersigned hereby acknowledges that incomplete application submissions shall be voided and may result in a forfeiture of any fees paid. The undersigned requests consideration by the City of Gatesville, Texas of the above-identified platting process.

Signature of Applicant: _____ *Date:* _____
Signature of Owner: _____ *Date:* _____
(If different from applicant)

FOR INTERNAL USE ONLY

CURRENT PROPERTY DESCRIPTION

Current Street Address: _____
Name of proposed subdivision: _____ Number of Lots: _____
Total Acres: _____ Original Survey: _____
Legal Description: _____

ZONING

Current Zoning: _____ Proposed Use: _____
Zoning Compliance: PASS FAIL Staff Reviewer: _____

UTILITIES

Existing Utilities Available: Water Sewer Electric Gas
Water Provider: _____ Sewer Provider: _____
Electric Provider: _____ Gas Provider: _____

ADMINISTRATIVE

Date Application Received: _____ Received By: _____
Application Fee Amount: _____ Received By: _____ Date Fee Received: _____
Completion Audit: PASS FAIL Staff Reviewer: _____ C. A. Date: _____
P&Z Date: _____ Planning Director: _____