



SUBDIVISION APPLICATION

TYPE OF SUBDIVISION (check one):

- Preliminary
 Final
 Replat
 Amendment
 Short Form Final
-

*Application must be an original document – Faxed copies cannot be accepted
All signatures must be original*

Property Legal Description: _____

Maverick County Property Identification Number(s): _____

Name of Addition: _____

Location of Addition: _____

Number of Lots: _____ Gross Acreage: _____ Zoning: _____ # of New Street Intersections _____

Is Subdivision inside city limits? _____

Existing Land Use: _____ Proposed Land Use: _____

Requested Variances: _____

PROPERTY OWNER:

Name: _____

Contact: _____

Address: _____

Phone: _____

City: _____

Fax: _____

State: _____ Zip: _____

E-mail: _____

Signature: _____

Date: _____

APPLICANT:

Name: _____

Contact: _____

Address: _____

Phone: _____

City: _____

Fax: _____

State: _____ Zip: _____

E-mail: _____

Signature: _____

Date: _____

SURVEYOR:

Name: _____

Contact: _____

Address: _____

Phone: _____

City: _____

Fax: _____

State: _____ Zip: _____

E-mail: _____

Signature: _____

ENGINEER:

Name: _____

Contact: _____

Address: _____

Phone: _____

City: _____

Fax: _____

State: _____ Zip: _____

E-mail: _____

Signature: _____

PRINCIPAL CONTACT: _____ Owner _____ Applicant _____ Surveyor _____ Engineer

City communication regarding the subdivision will be directed only to the designated principal contact.

STATEMENT OF APPLICANT

The information contained in this subdivision application contains true and accurate information provided to the best of my ability. I acknowledge that the City of Eagle Pass will use the information contained herein as the basis for the review of the subdivision application's conformance with the provisions of *City of Eagle Pass Code of Ordinances Chapter 23*.

Applicant Signature

Date