

APPLICATION FOR PLATTING
CITY OF GRAPEVINE, TEXAS

TYPE OF PLAT: _____ Preliminary _____ Final _____ Replat _____ Amendment

PROPERTY DESCRIPTION:

Name of Addition: _____

Number of Lots: _____ Gross Acreage: _____ Proposed Zoning: _____

Location of Addition: _____

PROPERTY OWNER:

Name: _____

Contact: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: () _____

Fax: () _____

Signature: _____ Email: _____

APPLICANT:

Name: _____

Contact: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: () _____

Fax: () _____

Signature: _____ Email: _____

SURVEYOR:

Name: _____

Contact: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: () _____

Fax: () _____

Email: _____

***** FOR OFFICE USE ONLY *****

Application Received: ____ / ____ / ____

Fee Amount: \$ _____

By: _____

Check Number: _____