SUBDIVISION PLAT APPLICATION
APPENDIX A, ARTICLE V, DIVISION A-SUBDIVSIONS

1. Subdivision Name:_____

2. Owner of Record _____Phone_____

Email:_____

Address:_____
(street) (City,State, Zip)

3. Surveyor/Engineer _____Phone:_____

Email _____

Address:_____
(street) (City, State, Zip)

4. Subdivision Location:_____

5. Total Acreage:_____Number of Lots:_____

Zoning District_____

CHECK ONE:
□ PRELIMINARY PLAT
□ FINAL PLAT
□ RESUBDIVISION PLAT

CHECK ONE:
□ INSIDE CITY LIMITS
□ ETJ

What is the purpose of filing the plat?

_____

_____

City of Kilgore Subdivision Submittal Checklist. All these items must be included on the proposed plat. The checklist must be completed and submitted with application.

Title of Subdivision, Scale, North Arrow, Vicinity Map	
Boundary lines of the lot(s) or tract(s) with dimensions	
Adjoining property owner names	
Building setback lines for the zoning district	
Show current structures and fencing	
Physical Features (waters sources, ravines, culverts, drain pipes, sanitary and storm sewers, water main, etc)	
Width of existing improved streets and existing right-of-way	
Street names	
Location, width, and names of all proposed streets, alleys and other public ways, if any exist	
Surveyor signatures and stamp	
Owners statement and signature line	
Location of existing fire hydrants adjacent and on the proposed lot(s)	
Location of driveways	
Old lot or tract numbers (circled) and new lot and block numbers	
Topography (if a preliminary plat)	
Existing easements and proposed easements	
A minimum of three (3) boundary control points must be established when surveying each tract to be subdivided. These boundary control points must be established by methods that meet the current standards set forth by the Texas Board of Professional Land Surveying at the time of the origination of the subdivision. All boundary control points shall be tied to at least one (1) monument of the city GPS control network, and that monument (or monuments) shall be identified on the subdivision plat by name and/or point identification number.	

Signature of Applicant:_____

Printed Name:_____Date:_____

For Office Use Only

Date Submitted:_____

Filing Fee:_____