

CITY OF LULING
PLANNING & ZONING DEPARTMENT
509 E. CROCKETT STREET
LULING, TEXAS 78648
OFFICE: (830) 875-2481 FAX: (830) 875-2038
Updated 4/4/2023

SUBDIVISION APPLICATION

Date : _____

SUBDIVISION NAME: _____

Administrative Fees	(Filing Fees Not Included)	
1. Preliminary Plat	\$ 100.00	_____
2. Final Plat	\$ 300.00	_____
3. Minor Plat	\$ 250.00	_____
4. Amended Plat	\$ 200.00	_____
5. Re-plat	\$ 250.00	_____
6. Preliminary Plat review (ETJ)	\$ 100.00	_____
7. Final Plat review (ETJ)	\$ 250.00	_____
8. Appeal or Variances	\$ 150.00	_____
9. Development Permit	\$ 50.00	_____
10. Inspection Fee 3% of development cost	\$	_____
11.Area of Public Use (Park Land Fee,Sec.98-111)	\$	_____

Plat Requirements		
1. Subdivision Plat and Construction Plans	7 Each	_____
2. Reduced Copy (8 "x 11")	1 Each	_____
3. Reduced Copy (11"x 17")	1Each	_____
4. Digital Copy (CD) AutoCAD	1Each	_____
5. Warranty Deed	1Each	_____
6. Tax Certifications	1Each	_____
7. Drainage Plan and Flood Hazards	1Each	_____
8. Existing improvements, structures		_____

Final Plat Requirements		
1. Mylar of Subdivision Plat	2 Each	_____
2. As-Builts Construction Plans	3 Each	_____
3. Digital Copies of As-Builts (CD)	2 Each	_____
4. Surety Bond	1Each	_____

DECLARATION

1. Nature of Request (Circle all applicable)
Preliminary Plat Final Plat Amended Plat Replat
Development Plan Vacating Plat
2. Exact name of proposed subdivision: _____
3. Legal Description: _____

4. Zoning: Present— Required:— —
5. Inside city limits? () Yes () No
6. Primary consulting firm: _____
Phone: _____
Address: _____
7. Desired land use: _____
Single family Two-family Multi-family Manufactured home Townhome
Mobile home park Commercial Factory Industrial Agricultural
- 8.Number of lots: _____
Residential: _____ Commercial: _____
9. Electric power and light(s) to serve the proposed subdivision. Percentage of subdivision served.

- 10.Proposed method of liquid waste disposal:
Sanitary sewer OSSF On-site sewage facility_____

11.Potable-water retailer(s) serving the proposed subdivision:

12.List from current Caldwell County Appraisal District of all property owners within 200 feet of the subject property shall be submitted with this application.

13.Owner(s) of record, holding title to real estate within the proposed subdivision. Ownership instrument (i.e. Title Policy, Warranty Deed, and Deed of Trust) shall be submitted with application. A copy of the tax map with the area highlighted and the original tax certificate shall accompany application. A letter requesting water/wastewater service is required.

Name (Print or Tvoe)	Mailing Address & Zip Code	Phone #

14.Have any of said owners designated agents to submit and revise this plat application on their behalf! YES NO

(If "YES" attached duly notarized documentation to that effect, signed by each such owner)

15. Registered Professional Land Surveyor (RPLS)

16 Registered Professional Engineer

17. The undersigned owners of record (or their authorized agents) hereby agree to make all the improvements, and to meet all the requirements and standards as specified in the City of Luling Code of Ordinances.

18 The undersigned hereby declared that I/we have made a diligent effort to ensure that all items contained in this application (including construction plans) are true and complete. I/We have read the information contained on this sheet and hereby agree to comply with the requirements noted herein. Development permit application must be completed, signed, and submitted with this application form.

Signature	Date

Please Note: The signature of owner authorizes City of Luling staff to visit and inspect the property for which this applications being submitted. The signature also indicates that the applicant or his agent has reviewed the requirements of this checklist and all items on this checklist have been addressed and complied with. Note: The agent is official contact person for this project and the single point of contact. All correspondence and communication will be conducted with the agent. If no agent is listed, the owner will be considered the agent.

(Check One:)

I will represent my application before the Planning Department, Planning and Zoning Commission, and City Council of the City of Luling.

I hereby authorize the person named below to act as my agent in processing this application before the Planning Department, Planning and Zoning Commission, and City Council of the City of Luling.

Owner's Name (printed)	Phone	Fax
Owner's Address	City	State Zip
Owner's Signature	Date	Email Address
Agent' Name (print):		
Company:		
Mailing Address:		
Street	City	State Zip
Phone	Fax	Email Address
Signature of Named Agent	Date	