



APPLICATION FOR REVIEW OF SUBDIVISION PLAT

PROPOSED SUBDIVISION NAME: _____

Type of Plat: Preliminary ____ Final ____ Re-Plat ____ Final ____ Minor (Short Form) ____

Location of the Plat: Inside City Limits ____ Inside City's Extraterritorial Jurisdiction (ETJ) ____

PROPERTY OWNER

Name: _____ Contact: _____

Address: _____

Phone No: _____ E-Mail: _____

ENGINEER / SURVEYOR

Name: _____ Contact: _____

Address: _____

Phone No: _____ E-Mail: _____

Grayson Tax Assessor Tax Certificate Attached: Yes ____ No ____ (Blue Tax Certificate)

Topographical Map Attached: Yes ____ No ____

6 – 18" x 24" Copies of Plat (Paper): Yes ____ No ____

1 – 18" x 24" Copies of Plat (Mylar): Yes ____ No ____

Construction Plans for All Public Improvements: Yes ____ No ____

(Each page shall show the seal and signature of the professional engineer and needs to be notarized)

Plat Filing Fees Paid: Yes ____ No ____

(Applicable fees are listed on the back of this application)

Date

Signature