PLAT APPLICATION

City of Lindale
P.O. Box 130 /105 Ballard Dr.
Lindale, TX 75771
Phone: 903-882-6861 Fax: 903-881-8170
Email:
communitydevelopment@lindaletx.gov

Application Date: _____

Permit # _____
(Office Use Only)

PROPERTY INFORMATION

Application for: Check the appropriate box.

☐ Preliminary/Final Plat ☐ Preliminary Plat ☐ Final Plat or Replat ☐ Amended Plat ☐ Concept/Land Plan

Type: ☐ Residential ☐ Non-residential **Located:** ☐ City Limits ☐ ETJ **(**City's Extraterritorial Jurisdiction)

Site Address/General Location: _____

Legal Description: _____

Proposed Plat/Subdivision Name: _____

Total Acres: _____ No. of Lots: _____

Proposed Development or reason for Request _____

APPLICANT & OWNER INFORMATION

Applicant Name: _____ Company Name: _____

Mailing Address: _____ City/State: _____ ZIP: _____

Main Phone: _____ Email: _____

Property Owner: _____

Mailing Address: _____ City/State: _____ ZIP: _____

Main Phone: _____ Email: _____

☐ I will represent the application myself; or

☐ I hereby designate _____ (applicant above) to act as my agent for submittal, processing, representation, and/or presentation of this application. The designee shall be the primary contact person for this application.

_____ _____ _____

Applicant/Developer Printed Name Applicant/Developer Signature Date