

CITY OF SANTA CLARA

1653 N. Santa Clara Rd.

Marion, TX 78124

830-914-4443

mayor@ciSantaClaraTX.US

SUBDIVISION PLAT / DEVELOPMENT PLAN APPLICATION

(The applicant must fill in all applicable sections and provide all required documents or the application will be incomplete.) See City of Santa Clara's Property Subdivision and Land Development Ordinance.

Date of Application: _____

(The City's uniform application date is the 3rd Thursday of each month)

NAME OF PROJECT: _____

Please check the appropriate selection. Plat Plan

(A metes and bounds description must be attached if the request is for a plat.)

Type of Plat/Plan: _____

PROPERTY OWNER INFORMATION:

Name: _____

Address: _____

Telephone Number: _____

E-Mail Address: _____

Signature: _____

DEVELOPMENT AGREEMENT: Yes No

Define Development Agreement briefly: _____

PROPERTY INFORMATION:

Property Address: _____

Current Legal Description: _____

Survey Name: _____ Abstract #: _____

Total Acres of Property: _____

Average Size of Lots: _____ Average dimensions of Lots: _____

Number of Residential Lots: _____ Number of Commercial Lots: _____

Number of Industrial Lots: _____ Number of Park/Open Space Lots: _____

Frontage on Existing City Road(s): _____

Frontage on Existing County Road(s): _____

Frontage on Existing State Road(s): _____

Frontage on Existing Private Road(s): _____

New Roads in Development (*number of streets per category*):

(A list of proposed names for streets and the linear feet per individual street must be submitted at time of a Preliminary Plat or Plan.)

Public Roads: _____ Private Roads: _____

Is property within a FEMA Floodplain? Yes No

Is the property in the City Limits or ETJ? City Limits ETJ

Is the property within a Municipal Utility District or covered by a CCN? Yes No

County: _____ School District: _____

Emergency Service District (ESD): _____

Current Zoning: _____

Zoning Change to be requested: Yes No

(To be accompanied by applicable documentation and zoning application.)

Define proposed zoning change briefly: _____

ANTICIPATED SOURCE OF WATER:

Surface Water:

- Water Provider _____
- Rainwater

Ground Water:

- Private Well
- Shared Well
- Water Provider _____

ANTICIPATED WASTEWATER SYSTEM:

- Conventional Septic System
- Class I (Aerobic) Permitted System
- Wastewater Provider _____

ENGINEER INFORMATION:

Company: _____

Address: _____

Contact Name: _____

Telephone Number: _____

E-Mail Address: _____

Signature: _____

AGENT DESIGNATION:

Company: _____

Address: _____

Contact Name: _____

Telephone Number: _____

E-Mail Address: _____

I hereby authorize the above named individual to act as my agent and therefore be applicant and the contact person for this application and any related variance requests.

Owner Signature: _____

VARIANCES TO BE REQUESTED: *(To be accompanied by letter making request.)*

Briefly define the variance(s) to be requested: _____

FISCAL SECURITY REQUIREMENTS *(if required):* _____

APPLICANT'S SIGNATURE:

The undersigned hereby certifies that this application, the above information, and accompanying data is true and correct. All provisions of laws and ordinances governing this property will be complied with whether specifies herein or not. The scheduling of this application on an agenda for consideration does not presume the approval of this application.

(If a corporation, please list title, and name of corporation.) Please note that this document must be signed before a Notary Public.

Signature: _____ Date: _____

State of Texas

County of _____

On _____, before me, _____, Notary Public for the State of _____ of _____ Texas personally appeared,

_____ proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by the signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

(seal)

Witness My Hand and Official Seal

Notary Public State of Texas

TELEPHONE UTILITY:

Company Name: _____

Approved As-Is: _____ Easement Required: _____

Define Required Easement: _____

Signature: _____

Title: _____

CABLE UTILITY:

Company Name: _____

Approved As-Is: _____ Easement Required: _____

Define Required Easement: _____

Signature: _____

Title: _____

WATER UTILITY *(If Applicable):*

Company Name: _____

Approved As-Is: _____ Easement Required: _____

Define Required Easement: _____

Signature: _____

Title: _____

WASTEWATER UTILITY *(If Applicable):*

Company Name: _____

Approved As-Is: _____ Easement Required: _____

Define Required Easement: _____

Signature: _____

Title: _____

<i>Office Use Only:</i>		
<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete	By:	Date:
Amount of Fee(s) Paid:	Planning and Zoning Meeting Date:	
<input type="checkbox"/> Approved	Comments:	
<input type="checkbox"/> Conditionally Approved	Conditions:	
<input type="checkbox"/> Disapproved	Comments/Conditions:	
	City Council Meeting Date:	
<input type="checkbox"/> Approved	Comments:	
<input type="checkbox"/> Conditionally Approved	Conditions:	
<input type="checkbox"/> Disapproved	Comments/Conditions:	