## CITY OF LYFORD, TEXAS APPLICATION FOR SUBDIVISION PLAT REVIEW



## City of Lyford, Texas

P.O. Box 310 Lyford, TX 78569-0310 (956) 347-3512

PROJECT DESCRIPTION	Subdivision Name				
	Location				
	City Address or Block Number				
	Number of Lots Gross Acreage				
	Existing Zoning Propo			Re-Zoning applied for	
	<b>-</b>		Irrigation District		
	RESIDENTIAL REPLAT Yes \( \Bar{\cappa} \) No \( \Bar{\cappa} \)				
				213 163 🗀 110 🗀	
	LEGALDESCRIPTION				
OWNER	*				
	Name			Email	
	Address				
	City	State	Zip Code		
DEVELOPER					
	Name		Phone	Email	
	Address				
	City	State		Zip Code	
	Contact Person				
ENGINEER					
	Name		Phone	Email	
	Address				
	City			Zip Code	
	Contact Person				

R	Name Phone Email				
ΞYΟ	Address				
SURVEYOR	City				
SU	Contact Person Email				
	PLAT SUBMITTAL REQUIREMENTS				
ION					
	\$300 + \$50/Acre Preliminary / Final Review Fee				
ATI	Water Rights Fee				
TH APPLICATION	Title Report				
	Reduced copy of Sealed Boundary Survey prepared by Surveyor				
	Location Map				
M	2 Full Size, 1 reduced copy and PDF of the proposed plat				
SUBMITTED WITH	Copy of Warranty Deed				
ЛIT	Letter of Authorization by the Owner if applicable				
JBN	Proof of authority of person signing application on behalf of corporation/partnership if applicable				
	After recording, furnish one full size Mylar Copy of the Recorded Plat and one PDF copy				
ENT	PLAT TO SHOW				
<b>AUM REQUIREMENTS</b>	☐Metes and Bounds Description				
UIR	$\square$ Lots numbered with dimensions and areas of irregular lots (Bearings and Distances with Datum)				
REQ	□Subdivision Adjoiners, Streets, Street ROW				
Σ	□Name and address of Owner, Lienholder, developer, engineer and surveyor shown with signature lines				
	□North Arrow, Scale, Bench Mark (USGS NAD 29), Vicinity Map, FEMA Flood Zone				
MINI	□City Limit Line				
2	☐Utility Report – Water and Sanitary Sewer Services				
	□Drainage Report				
SIGNATURE	I hereby Certify that I am the actual owner of the property described above named in the Application (Or				
	Authorized Representative and I have attached written evidence of such authorization),				
GN/	Signature Date				
SI					
S,	Print Name				
OWNERS'	Owner				
M					
)	Authorized Agent ( Attach Letter of Authorization from the Owner)				