



# **PLANNED DEVELOPMENT - CONCEPT PLAN**

Town of Westlake \* 1301 Solana Blvd, Bldg 4, Suite 4202 \* Westlake, TX 76262

Tel: (817) 430-0941 \* Fax: (817) 430-1812

e-mail: customerservice@westlake-tx.org

## **Office use Only**

Case Number: \_\_\_\_\_ Submittal Date: \_\_\_\_\_  
Fee: \_\_\_\_\_ Received By: \_\_\_\_\_

## **Description of Property**

Lot Number: \_\_\_\_\_ Block Number: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Acreage: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
General Location: \_\_\_\_\_

## **Applicant Information**

Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone # : \_\_\_\_\_ Fax # : \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ Expires: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant or Agent*

\_\_\_\_\_  
*Date*

## **Owner Information**

Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone # : \_\_\_\_\_ Fax # : \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ Expires: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Property Owner*

\_\_\_\_\_  
*Date*



# **PLANNED DEVELOPMENT - CONCEPT PLAN**

Town of Westlake \* 1301 Solana Blvd, Bldg 4, Suite 4202 \* Westlake, TX 76262

Tel: (817) 430-0941 \* Fax: (817) 430-1812

e-mail: customerservice@westlake-tx.org

## **Designation of Agent Form**

I hereby authorize the person designated below, to act in the capacity as my agent for the application, processing and the representation of this request. The designated agent shall be the principal contact person with the Town of Westlake (and vice versa) in processing and responding to requirements, information requests or other issues relative to this request.

### **PROPERTY OWNER**

Printed Name : \_\_\_\_\_

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

### **APPLICANT**

Printed Name : \_\_\_\_\_

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

### **DESIGNATED AGENT**

Printed Name : \_\_\_\_\_

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone # : \_\_\_\_\_ Fax # : \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Expires: \_\_\_\_\_