



# APPLICATION FOR PLATTING

Town of Westlake \* 1301 Solana Boulevard, Building 4, Suite 4202 \* Westlake, TX 76262

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

e-mail: customerservice@westlake-tx.org

chapter 82.34

## Office use Only

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

Preliminary  Final  Minor  Replat  Amended  Other  
\$1800 + \$90/acre w/max \$36k \$900 + \$90/acre w/max \$18k \$900 + \$90/acre w/max \$18k \$1800 + \$90/acre w/max \$36k varies upon amendment varies

## Description of Property

Property Address: \_\_\_\_\_  
General Location: \_\_\_\_\_  
Proposed Name of Subdivision: \_\_\_\_\_  
Acreage of Subdivision: \_\_\_\_\_  
Number of Proposed Lots: \_\_\_\_\_  
Residential and Commercial Density: based on gross acreage \_\_\_\_\_  
Present Zoning of Subject Property: \_\_\_\_\_

Survey of Property: Attach a current survey plat delineating the subject property or a metes and bounds description and survey if land is currently unplatted.

## Applicant Information

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

## Owner Information

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

## Misc Information

Person Preparing Plat: \_\_\_\_\_  
Name of the Firm: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

## Amended and/or Other Plat Information

Describe Amendment: (attach amended plat) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## 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 # : \_\_\_\_\_

A Plat Review Checklist is required with this form.

A Pre-Platting Conference is required with the Town of Westlake Engineering Department.



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**For Application of Preliminary Plat Only**  
**\* \* \* Expiration of Plat \* \* \***

I understand that approval of the preliminary plat expires 12 months after the Town Council Member's approval unless the final plat has been submitted for consideration.

## PROPERTY OWNER

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

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

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

## APPLICANT

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

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

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

## DESIGNATED AGENT

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

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

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

A Plat Review Checklist is required with this form.

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