



APPLICATION FOR PLATTING

Town of Westlake | 1500 Solana Boulevard, Building 7, Suite 7200 | 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: _____

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