



APPLICATION FOR PLATTING

Town of Westlake | 1500 Solana Boulevard, Building 7, Suite 7200 | Westlake, TX 76262

Phone: (817) 430-0941

Email: planning@westlake-tx.org

Description of Property

Type of Plat:	Preliminary	Final	Minor	Replat	Amended
Property Address:	_____				
General Location:	_____				
Subdivision Name:	_____	Lot(s):	_____	Block(s):	_____
Survey Name(s):	_____	Abstract(s):	_____	Tract(s):	_____
Title of Plat:	_____		Total Acres:	_____	
Current Zoning:	_____		Total Lots:	_____	

Applicant Information

Applicant's Name: _____

Property Address: _____

City, State, ZIP: _____

Email: _____

Phone: _____

Owner Information

Owner's Name: _____

Property Address: _____

City, State, ZIP: _____

Email: _____

Phone: _____

Office Use Only

Case Number: _____ Submittal Date: _____

Fees: _____ Received By: _____



APPLICATION FOR PLATTING

Town of Westlake | 1500 Solana Boulevard, Building 7, Suite 7200 | Westlake, TX 76262

Phone: (817) 430-0941

Email: planning@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:

Date:

APPLICANT

Printed Name:

Signature:

Date:

DESIGNATED AGENT

Printed Name:

Signature:

Date:

Property Address:

City, State, ZIP:

Email:

Phone:



APPLICATION FOR PLATTING

Town of Westlake | 1500 Solana Boulevard, Building 7, Suite 7200 | Westlake, TX 76262

Phone: (817) 430-0941

Email: planning@westlake-tx.org

For Preliminary Site Evaluation Only

I understand that approval of the preliminary site evaluation expires twelve (12) months after Town Council approval unless the final plat has been submitted for consideration.

PROPERTY OWNER

Printed Name:

Signature:

Date:

APPLICANT

Printed Name:

Signature:

Date:

DESIGNATED AGENT

Printed Name:

Signature:

Date:

Property Address:

City, State, ZIP:

Email:

Phone:
