

**APPLICATION FOR PLAT APPROVAL  
MONTGOMERY COUNTY COMMISSIONER S COURT  
(PLEASE PRINT OR TYPE AND SUBMIT IN DUPLICATE)**

PLAT NAME \_\_\_\_\_  
(Need complete subdivision name, section & if replat and with replat number)

COURT ACTION REQUESTED

Preliminary                      Final                      Replat                      Amending                      Partial Replat

PLAT LOCATION

E.T.J. \_\_\_\_\_ Name of Survey(s) & Abstract No.(s) \_\_\_\_\_

Geographic Location (Major St.):

North of \_\_\_\_\_ East of \_\_\_\_\_

South of \_\_\_\_\_ West of \_\_\_\_\_

School District \_\_\_\_\_ Commissioner Precinct# \_\_\_\_\_ Contact made with Commissioner YES NO

PLAT DATA

Plat Type: (Check the appropriate box after each description)

Apartment \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Replat \_\_\_\_\_ S.P.O. \_\_\_\_\_

Single Family Residential Detached \_\_\_\_\_ Special Lot Subdivision \_\_\_\_\_

Street Dedication \_\_\_\_\_ Other \_\_\_\_\_ Explain) \_\_\_\_\_

**NEW DEVELOPMENT**

Proposed

**FOR REPLAT ONLY**

Existing

Proposed

_____	Gross Acreage/ GP	_____	_____
_____	Total No. Acres	_____	_____
_____	Tract / Blocks	_____	_____
_____	D. U. s / Lots	_____	_____
_____	Acres in Reserve	_____	_____
_____	Typical Lot Size	_____	_____
_____	Street Footage	_____	_____
_____	Parking Provided	_____	_____

PLANNED IMPROVEMENTS

Streets: Public \_\_\_\_\_ Private \_\_\_\_\_ Concrete C&G \_\_\_\_\_ Open Ditch \_\_\_\_\_

Storm System: Storm Sewer \_\_\_\_\_ Open Ditch \_\_\_\_\_ Combination \_\_\_\_\_

Sanitary System: City \_\_\_\_\_ Septic Tanks \_\_\_\_\_ District \_\_\_\_\_

District Name, Address, Handlers Name & Phone No.: \_\_\_\_\_

Water System: City \_\_\_\_\_ Central System \_\_\_\_\_ Private Wells \_\_\_\_\_ District \_\_\_\_\_

District Name, Address, Handlers Name & Phone No.: \_\_\_\_\_

Existing Easements - Fee Strips: \_\_\_\_\_

**CERTIFICATION**

(Need Company Name or Corporation or Individual Owners Name; Name of Officer: Address, Zip Code; Phone# & Fax #)

Owner of Record:

\_\_\_\_\_

Optioned by: \_\_\_\_\_

Developer: \_\_\_\_\_

Architect or Engineer: \_\_\_\_\_

Applicant (name of individual responsible to contact for notification of changes needed, company name, address, zip code, phone # & fax#):

\_\_\_\_\_

This is to certify that the information on this form is COMPLETE, TRUE and CORRECT and the undersigned is authorized to make this application.

\_\_\_\_\_  
Signature of Applicant