



APPLICATION FOR SUBDIVISION OR DEVELOPMENT

(CHECK ONE & INCLUDE NECESSARY SUPPORTING MATERIAL)

- | | | |
|---|--|--|
| <input type="checkbox"/> FINAL PLAT/RE-PLAT | <input type="checkbox"/> PLAT AMENDMENT | <input type="checkbox"/> PLAT VACATION |
| <input type="checkbox"/> PRELIMINARY PLAN | <input type="checkbox"/> SITE DEVELOPMENT | <input type="checkbox"/> SUBDIVISION IMPROVEMENT |
| <input type="checkbox"/> SMALL PROJECT | <input type="checkbox"/> UTILITY DEVELOPMENT | <input type="checkbox"/> PLAN REVISION |

ADDRESS OF PROPERTY:		ACREAGE OF SITE:	
LEGAL DESCRIPTION (SUBDIVISION, SECTION, LOT NUMBER):			
PROPERTY OWNER FIRM:	CONTACT NAME:	TELEPHONE:	E-MAIL:
MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:
PROJECT ENGINEER FIRM:	CONTACT NAME:	TELEPHONE:	E-MAIL:
MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:
PROJECT NAME AND USE FOR WHICH DEVELOPMENT PERMIT IS SOUGHT:			

<p>SUBMITTAL VERIFICATION/INSPECTION AUTHORIZATION: I, as owner of the property hereinafter referenced, do hereby execute this document, and acknowledge the above statements to be true and accurate to the best of knowledge. I have received, read and understand the terms and conditions of this request, and agree to compliance with all applicable codes and ordinances of the City. I understand that my contractor or subcontractor(s) identified below will schedule inspections on my behalf permitting city inspectors to enter my property to conduct the necessary inspections as scheduled. I authorize my duly authorized agent to coordinate with the City and its representatives to enter the property at reasonable times for the purposes of inspecting and monitoring the project according to the adopted codes of the City. This authorized agent is hereby given authority from me to consent to City inspections on my behalf.</p> <hr style="width: 80%; margin-left: 0;"/> <p>APPLICANT SIGNATURE</p> <hr style="width: 80%; margin-left: 0;"/> <p>PRINTED NAME DATE</p>

(FOR CITY USE ONLY)

PERMIT NUMBER:
AMOUNT RECEIVED:
NOTES:



Building & Development Services
1102 Lohmans Crossing, Lakeway, TX 78734
Phone: (512) 314-7540 Fax: (512) 314-7541
www.lakeway-tx.gov

(ADDITIONAL SPACE AS NEEDED FOR AUTHORIZED AGENTS OF THE OWNER)

ADDRESS OF PROPERTY:

PRINTED NAME OF GENERAL CONTRACTOR, SUBCONTRACTOR, OR OTHER AUTHORIZED AGENTS OF OWNER

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