



SUBDIVISION PLAT APPLICATION

(512) 398-3461 • FAX (512) 398-3833
P.O. Box 239 • Lockhart, Texas 78644
308 West San Antonio Street

APPLICANTS

SURVEYOR NAME _____	ADDRESS _____
DAY-TIME TELEPHONE _____	_____
FAX _____	_____
ENGINEER NAME _____	ADDRESS _____
DAY-TIME TELEPHONE _____	_____
FAX _____	_____
OWNER NAME _____	ADDRESS _____
DAY-TIME TELEPHONE _____	_____
FAX _____	_____

TYPE OF APPLICATION

____ SUBDIVISION DEVELOPMENT PLAN ____ REPLAT/RESUBDIVISION ____ VARIANCE
____ PRELIMINARY PLAT ____ AMENDING PLAT ____ MINOR PLAT ____ FINAL PLAT
____ DEVELOPMENT PLAT

PROPERTY

SUBDIVISION NAME _____
ADDRESS OR GENERAL LOCATION _____
LOCATED IN ____ CITY LIMITS ____ ETJ (COUNTY) ____ PDD
TOTAL LAND AREA _____ ACRE(S) PROPOSED NUMBER OF LOTS _____
ZONING CLASSIFICATION(S) _____
PROPOSED USE OF LAND _____

SUBMITTAL REQUIREMENTS

NAME(S) AND ADDRESS(ES) OF PROPERTY LIEN HOLDERS, IF ANY.

IF THE APPLICATION IS FOR AN AMENDING PLAT OR REPLAT/RESUBDIVISION – A COPY OF EXISTING DEED RESTRICTIONS OR RESTRICTIVE COVENANTS, IF ANY.

IF THE APPLICATION IS FOR A FINAL PLAT INVOLVING PUBLIC IMPROVEMENTS – THREE COPIES OF THE ENGINEERING PLANS.

IF THE APPLICATION IS FOR, OR INCLUDES, A SUBDIVISION CODE VARIANCE – COMPLETED VARIANCE SECTION ON NEXT PAGE AND REQUIRED STATEMENT NOTED THEREIN.

PLAT DOCUMENTS, AS FOLLOWS, CONTAINING THE INFORMATION REQUIRED IN ARTICLE 23-6. (Amending Plats, Replat/Resubdivision Plats, and Minor Plats are considered the same as Final Plats for the purpose of content and format)

Seven copies for initial staff review.

Twelve copies after initial staff review for preliminary plats, final plats, and replats/resubdivisions

Two blue-line copies after initial staff review for amending and minor plats.

Two signed and sealed mylar reproducibles (three if applicant wants to keep one) of approved amending plat, replat/resubdiviison, final plat, or minor plat, for recording. One recorded reproducible is filed at the County Clerk’s office, and the other is returned to the City.

FEE, AS FOLLOWS (NO FEE FOR VARIANCES, APPEALS, OR SUBDIVISION DEVELOPMENT PLANS).

Preliminary Plat	\$600.00 payable to the City of Lockhart
Final Plat or Replat/Resubdivision,	\$400.00 plus \$20.00 per acre, payable to the City of Lockhart
Amending plat or Minor plat	\$100.00 payable to the City of Lockhart
Recording fee for Amending Plat, Replat/Resubdivision, Final Plat, or Minor Plat	\$61.00 for the first sheet, and \$50.00 for each additional sheet, payable to the Caldwell County Clerk

TO THE BEST OF MY KNOWLEDGE, THIS APPLICATION AND ASSOCIATED DOCUMENTS CONFORM TO ALL REQUIREMENTS OF THE CITY OF LOCKHART SUBDIVISION CODE. IT IS UNDERSTOOD THAT I OR ANOTHER REPRESENTATIVE SHOULD BE PRESENT AT ALL PUBLIC MEETINGS CONCERNING THIS APPLICATION.

SIGNATURE _____

DATE _____

PRINTED NAME _____

TELEPHONE _____

NOTE: A preliminary plat expires if a final plat for one or more sections is not submitted within 12 months of approval. Upon written request, a maximum of two six-month extensions may be considered by the Planning and Zoning Commission. A final plat expires if any required infrastructure construction is not begun within 12 months of approval. Upon written request, one six-month extension may be considered by the City Manager.

SUBDIVISION VARIANCE (for variance applications, only)

VARIANCE TO SECTION(S) _____ OF THE SUBDIVISION CODE

CURRENT ORDINANCE REQUIREMENT(S) _____

REQUESTED VARIANCE(S) _____

SUBMIT A WRITTEN STATEMENT DOCUMENTING THE REASON FOR THE VARIANCE(S), INCLUDING EVIDENCE THAT THE REQUEST COMPIES WITH THE FOLLOWING CRITERIA AS REQUIRED FOR APPROVAL OF A VARIANCE.

1. Special circumstances or conditions affect the land involved such that strict application of the provisions of the Code would deprive the applicant reasonable use of the land.
2. The variance is necessary for the preservation and enjoyment of a substantial property right of the applicant.
3. The variance will not be detrimental to the public health, safety, or welfare, and will not be injurious to other property in the area.
4. The variance will not have the effect of preventing the orderly subdivision of other lands in the area in accordance with the provisions of the Code.

OFFICE USE ONLY

ACCEPTED BY _____

RECEIPT NUMBER _____

DATE SUBMITTED _____

CASE NUMBER _____ - _____ - _____

DATE NOTICES MAILED _____

DATE NOTICE PUBLISHED _____

(For certain Replats/Resubdivisions without vacating preceding plat)

PLANNING AND ZONING COMMISSION MEETING DATE _____

DECISION _____

CONDITIONS _____

UTILITY SERVICE FORM

THIS FORM SHOULD BE COMPLETED BY REPRESENTATIVES OF EACH TYPE OF UTILITY LISTED FOR ALL PLATS, EXCEPT AMENDING PLATS, AND FINAL PLATS THAT ARE CONSISTENT WITH APPROVED PRELIMINARY PLATS. THE FOLLOWING UTILITY SERVICE CODES ARE TO BE INDICATED, AS APPLICABLE, IN THE SPACE PROVIDED FOR EACH ACKNOWLEDGEMENT.

- A** Adequate service is currently available to the proposed subdivision.
- B** Adequate service is not currently available, but arrangements *have* been made to provide it.
- C** Adequate service is not available, and arrangements have *not* been made to provide it from the utility.
- D** Additional easements are needed for the utility within the subject property.

NAME OF **WATER SERVICE** PROVIDER _____

APPLICABLE UTILITY SERVICE CODE(S) _____

COMMENTS/CONDITIONS _____

SIGNATURE OF WATER UTILITY OFFICIAL _____

CITY OF LOCKHART **WASTEWATER UTILITY**

APPLICABLE UTILITY SERVICE CODE(S) _____

COMMENTS/CONDITIONS _____

SIGNATURE OF WASTEWATER UTILITY OFFICIAL _____

SOUTHERN UNION **GAS COMPANY**

APPLICABLE UTILITY SERVICE CODE(S) _____

COMMENTS/CONDITIONS _____

SIGNATURE OF GAS UTILITY OFFICIAL _____

NAME OF **ELECTRIC SERVICE** PROVIDER _____

APPLICABLE UTILITY SERVICE CODE(S) _____

COMMENTS/CONDITIONS (Indicate if underground) _____

SIGNATURE OF ELECTRIC UTILITY OFFICIAL _____