

RECEIPT NUMBER: _____ - ____ - ____ DECISION: _____

FAMILY TRANSFER PLATTING EXEMPTION

FT____-

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

APPLICANT	308 West San Antonio Street
NAME:	ADDRESS:
DAY-TIME TELEPHONE:	E-MAIL:
OWNER (if different from applicant)	
NAME:	ADDRESS:
DAY-TIME TELEPHONE:	E-MAIL:
PROPERTY (must be located within the City's Extraterritorial Jurisdiction)	
ADDRESS:	TOTAL LAND AREA: ACRE(S)
PROPOSED NUMBER OF PARCELS: PROPO	OSED USE OF LAND:
GENERAL INFORMATION AND SUBMISSIC	N REQUIREMENTS (Section 52-31(c))
 V.T.C.A., Government Code Ch. 573. 3. An affidavit attesting to the familial relationship must be side. 4. A deed restriction must be recorded by the original of subdivision of the second parcels, or transfer of a parcel unless in compliance with Subdivision Regulations Chapte. 5. All parcels must abut an existing public street right-of-way property line for a distance of at least 50 feet. 6. Development on each parcel shall comply with residential/construction permits, driveway permits, on addressing, and setbacks from water wells and septic system. 7. If the proposed land division does not or cannot comply with submitted in accordance with Section 52-31, or a subdivision permits. 	Caldwell County development regulations pertaining to stems, as applicable. with the foregoing requirements, either a subdivision plat must be sion variance may be requested as provided in Section 52-50.
AUTHORIZATION	
To the best of my knowledge, this application and associated	I documents are complete and correct.
APPLICANT SIGNATURE:	DATE:
If the application is not submitted by the property owner of letter authorizing the applicant to act on their behalf.	record, the property owner must sign below, or provide a signed
PROPERTY OWNER SIGNATURE:	DATE:
OFFICE USE ONLY	
ACCEPTED BY:	
DATE SUBMITTED:	