

**PDD DEVELOPMENT PLAN APPLICATION**

CITY OF

**Lockhart**  
TEXAS

**APPLICANT/OWNER**

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

APPLICANT NAME \_\_\_\_\_

AD

DAY-TIME TELEPHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

OWNER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DAY-TIME TELEPHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

**PROPERTY**

ADDRESS OR GENERAL LOCATION \_\_\_\_\_

LEGAL DESCRIPTION (IF PLATTED) \_\_\_\_\_

PROPOSED SUBDIVISION NAME, IF NOT PLATTED \_\_\_\_\_

SIZE \_\_\_\_\_ ACRE(S)          ZONING CLASSIFICATION \_\_\_\_\_

EXISTING USE OF LAND AND BUILDINGS \_\_\_\_\_

**PROPOSED DEVELOPMENT**

PROPOSED USE OF LAND AND BUILDINGS \_\_\_\_\_

NUMBER OF LOTS \_\_\_\_\_          TOTAL NUMBER OF DWELLING UNITS, IF ANY \_\_\_\_\_

RESIDENTIAL DENSITY \_\_\_\_\_ UNITS/ACRE

TOTAL LAND AREA ALLOCATED TO RESIDENTIAL USE, IF ANY \_\_\_\_\_ ACRE(S)

TOTAL LAND AREA ALLOCATED TO NON-RESIDENTIAL USE, IF ANY \_\_\_\_\_ ACRE(S)

## **SUBMITTAL REQUIREMENTS**

IF THE APPLICANT IS NOT THE OWNER, A LETTER SIGNED AND DATED BY THE OWNER CERTIFYING THEIR OWNERSHIP OF THE PROPERTY AND AUTHORIZING THE APPLICANT TO REPRESENT THE PERSON, ORGANIZATION, OR BUSINESS THAT OWNS THE PROPERTY.

IF NOT PLATTED, A METES AND BOUNDS LEGAL DESCRIPTION OF THE PROPERTY.

PROPOSED DECLARATION OF COVENANTS AND RESTRICTIONS ESTABLISHING AND GOVERNING ANY LEGAL ENTITY THAT MAY BE REQUIRED TO OWN, OPERATE, AND/OR MAINTAIN PRIVATE STREETS, UTILITIES, OR OTHER FACILITIES PROVIDED FOR THE COMMON USE OF ALL PROPERTY OWNERS.

PROPOSED WRITTEN AGREEMENT BETWEEN THE CITY AND THE LEGAL ENTITY TO BE RESPONSIBLE FOR THE OWNERSHIP AND MAINTENANCE OF PRIVATE STREETS AND ALLEYS, PERMITTING ACCESS AND USE WITHOUT LIABILITY BY CITY VEHICLES AND PERSONNEL ON OFFICIAL BUSINESS.

PDD DEVELOPMENT PLAN, AS FOLLOWS, INDICATING THE SCALE AND NORTH ARROW, PROPOSED USE(S) OF ALL PARTS OF THE DEVELOPMENT, BOUNDARIES OF PROPOSED PHASES, IF ANY, AND CONTAINING THE INFORMATION REQUIRED IN SECTION 64-166(b).

Four copies for initial staff review.

Ten copies after initial staff review.

One mylar reproducible (two if applicant wants to keep one), plus two copies, of approved PDD Development Plan.

TO THE BEST OF MY KNOWLEDGE, THIS APPLICATION AND ASSOCIATED DOCUMENTS ARE COMPLETE AND CORRECT, AND IT IS UNDERSTOOD THAT I OR ANOTHER REPRESENTATIVE SHOULD BE PRESENT AT ALL PUBLIC MEETINGS CONCERNING THIS APPLICATION.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## **OFFICE USE ONLY**

ACCEPTED BY \_\_\_\_\_

DATE SUBMITTED \_\_\_\_\_

ZONING CASE NUMBER ZC - \_\_\_\_\_ - \_\_\_\_\_

PLAN CASE NUMBER PDD - \_\_\_\_\_ - \_\_\_\_\_

PLANNING AND ZONING COMMISSION MEETING DATE \_\_\_\_\_

DECISION \_\_\_\_\_

CONDITIONS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_