

**APPLICATION FOR PLAT APPROVAL
CITY OF CLEAR LAKE SHORES
PLANNING & ZONING COMMISSION**

(PLEASE PRINT OR TYPE)

PLAT NAME: _____

STAFF ACTION REQUESTED: _____

P&Z ACTION REQUESTED: _____ P&Z MEETING DATE: _____

Preliminary _____ Final _____ Plat _____ Replat _____ Abbreviated Plat _____ Other _____

CITY COUNCIL ACTION REQUESTED:

Preliminary _____ Final _____ Plat _____ Replat _____ Abbreviated Plat _____ Other _____

LOCATION OF PROPERTY TO BE PLATTED:

CITY: Clear Lake Shores COUNTY: Galveston SURVEY: _____ ABSTRACT NO.: _____

PARCEL: _____ TRACT NO.: _____

Geographic Location (Use Name of Major Street):

North of _____ East of _____

South of _____ West of _____

Districts: School: _____ County: _____ Commissioner's Precinct: _____

TxDOT District: _____ Local Office: _____

PLAT DATA:

Plat Type: Apartment _____ Commercial _____ Industrial _____ Replat _____ S.P.O. _____

Single Family Residential Detached _____ Duplex _____ Special Lots Subdivision _____

Street Dedication _____ Other _____ (Explain) _____

Flood Plain: In _____ Out _____ Elevation Certificate: _____

Attachments to include: Yes No

District/Private System Name & Address: _____

Gas System: City _____ Propane _____ Other _____ Private System _____

Private Gas System Name & Address: _____

Existing Easements – Fee Strips:

(Attach Additional Sheets if Necessary)

CERTIFICATION (NAME; IF COMPANY OR CORPORATION, NAME OF OFFICER; ADDRESS; ZIP CODE; TELEPHONE)

Owner of Record:

Optioned By:

Developer:

Architect or Engineer:

Applicant:

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 Owner/Agent

Date

(FOR CITY BUILDING DEPARTMENT USE ONLY)

PLAT SUBMITTAL CHECKLIST (UNLESS OTHERWISE STATED, ALL ITEMS ARE REQUIRED TO BE SUBMITTED WITH THE FIRST PLAT APPLICATION):

- ___ Plat Application Form completed and signed
- ___ Preliminary fee (\$ _____ Check payable to City of Clear Lake Shores)
- ___ Final fee (\$ _____ Check payable to City of Clear Lake Shores)
- ___ Title Opinion (2 copies) – **NO MORE THAN 30 DAYS OLD**
- ___ Tax Certificates: WCID _____ County _____ School _____
- ___ (5) Prints folded
- ___ (1) Original Mylar (Rolled)
- ___ (1) Final Mylar/Transparency (Rolled) – FINAL, CORRECTED, MYLAR MUST INCLUDE ALL REQUESTED BY THE PLANNING COMMISSION AND THE DIRECTOR OF PUBLIC WORKS..

FINAL MYLAR MUST BE PRESENTED TO THE DIRECTOR OF PUBLIC WORKS, ALONG WITH THE REDLINED COPY, FOR HIS FINAL REVIEW AND SIGNATURE.

Date Application Received
City Building Inspector

Signature City Building Inspector