

CITY OF TYE Re-Plat Application

205 North St
PO Box 369
Tye, TX. 79563
(325) 692-8588
(325) 692-9322 FAX

Incorporated 1954



Proposed Subdivision Name _____

Name and Address of Applicant

Phone Number _____

Fax Number _____

Name and Address of Current Owner

Phone Number _____

Fax Number _____

Name and Address of Previous Property Owner:
(If purchased in the last 12 months)

Name and Address of Developer:

Phone Number _____

Fax Number _____

Name and Address of Engineer:

Phone Number _____

Fax Number _____

CURRENT LEGAL DESCRIPTION:

SUBDIVISION _____

BLOCK: _____ LOT: _____

TRACT: _____

TYPE OF DEVELOPMENT BEING PROPOSED:

S-F RESIDENTIAL M-F RESIDENTIAL

COMMERCIAL/INDUSTRIAL OTHER

DUPLEX RESIDENTIAL

WILL A ZONING CHANGE BE PROPOSED?

YES, PROPOSED ZONING CLASSIFICATION

NO ZONING CHANGE WILL BE MADE

TOTAL NUMBER OF ACRES IN PLAN: _____

TOTAL NUMBER OF LOTS IN PLAN: _____

CURRENT ZONING CLASSIFICATION: _____

THE FOLLOWING IS TO BE COMPLETED ONLY IF A PERSON RATHER THAN THE OWNER IS MAKING THIS APPLICATION:

I, _____, OWNER OF THE PREVIOUSLY DESCRIBED PROPERTY, DO HEREBY CERTIFY THAT I HAVE GIVEN MY PERMISSION TO, _____ TO MAKE THIS PRELIMINARY PLAN APPLICATION.

SIGNATURE OF OWNER _____

RE-PLAT APPLICATION FEE:	1. BASE FEE	\$ _____
	2. NUMBER OF LOTS	\$ _____
	3. ITEM 1 + ITEM 2=APP FEE	\$ _____

I HEREBY CERTIFY THAT I AM OR REPRESENT THE LEGAL OWNER OF THE PROPERTY DESCRIBED ABOVE AND DO HEREBY SUBMIT THIS PRELIMINARY PLAN TO THE PLANNING AND ZONING COMMISSION FOR CONSIDERATION.

DATE: _____ NAME PRINTED: _____

SIGNATURE: _____