

City of San Angelo, Texas - Planning **Land Subdivision Application**



NOTE: Incomplete applications will not be accepted. All required fields must be filled in adequately. The Authorized Representative (as designated in Section 1) will be notified of any changes in status & contacted with any questions. Use "N/A" where an item is not applicable.

Section 1: Basic Information								
Proposed Subdivis	ion Name							
Current Legal Des	cription (can be found on property	tax statement or at www.tomgreencad.com)						
` ,		ement or at <u>www.tomgreencad.com</u> under Geographic ID	,					
One Authorized R		below. All communications regarding this application	on will be conducted with this individual.					
Authorized Repres	entative:	roperty Owner						
Tenant: Name		Phone Number	Email Address					
Property Owner:								
Name		Phone Number	Email Address					
Architect/Engineer	/Design Professional: Name	Phone Number	Email Address					
Subdivision Type:		Replat - requiring Planning Commission approval	☐ Plat Vacation					
Subdivision Type.	<u></u>	Replat - administratively eligible*	Amended Plat					
*If claimi	-	roval, please note that <i>all of the following criteria</i> must	_					
schedul	ed for hearing by Planning Commis	ssion according to the adopted COSA submittal schedule						
	■ includes no more than four ne	w lots or tracts;						
	no dedication of land (including)	g right-of-way, right-of-way expansion, corner clip dedica	ttion, etc) is required;					
	all new lots or tracts front onto	an existing public street right-of-way which is fully impro	ved to City specifications;					
no extension of water or sewer mains are required to furnish service to the new lots or tracts;								
there is an absence of need for a detailed drainage plan;								
	 existing easement(s) for utilities are not removed or realigned without the express written permission from each utility service, or without the formalized release of said easement(s); and, 							
	■ in the case of replats requiring notification, no written opposition is received before the close of the public hearing.							
Section 2: Util	ity & Easement Information	on						
Water:	☐ City - requesting new service	s Proposed size?						
	☐ City - utilizing existing service	es Existing size?						
	☐ Other	Please specify:						
Sewer:	☐ City - requesting new service	Proposed size?						
	☐ City - utilizing existing service	es Existing size?						
	☐ Other	Please specify:						
	☐ Septic System	Lot size?						
(NOTE: Please see Tom Green County Health Department for Septic System Permit 325-658-1024)								
Are any off-site drainage, access or other types of easements necessary for this subdivision? Yes								
If yes, br	riefly describe each, including the ι	ise and size:						

Section 3: Property Characteristics							
Total Acreage of Proposed Subdivision/Resubdivision Total Number of Lots Proposed							
Existing Zoning:							
☐ RS-1 ☐ RS-2 ☐ RS-3 ☐ RM-1 ☐ RM-2 ☐ PD (include case number:)							
□ R&E □ CN □ CG □ CG/CH □ CBD □ OW □ ML □ MH							
Has the zoning or deed restrictions for this property limited each lot to no more than two dwelling units?* Yes No *NOTE: if so, notification is required, and an additional notification fee is required.							
Existing Land Use (Include the number of acres devoted to this use):							
☐ Vacant ☐ Single-Family Residential ☐ Office							
☐ Multi-Family Residential ☐ Industrial/Manufacturing ☐ Commercial/Retail							
Proposed Land Use (Include the number of acres devoted to this use):							
☐ Vacant ☐ Single-Family Residential ☐ Office							
☐ Multi-Family Residential ☐ Industrial/Manufacturing ☐ Commercial/Retail							
Are there existing structures on the property?							
If yes, how many structures exist? What type of structures exist currently?							
Are there existing deed restrictions?							
Request 1: Full ordinance citation from Subdivision Ordinance standard from which variance is requested:							
☐ Full variance requested ☐ Partial variance requested (proposed variation from standard):							
Check which of the following criteria apply, & include a detailed explanation of how each item applies to this request. Attach additional sheets if necessary to provide more explanation, or if additional variances are requested. The granting of the variance will not be detrimental to the public safety, health or welfare, or be injurious to other property.							
The conditions upon which the request for a variance is based are unique to the property for which the variance is sought and are not applicable generally to other property.							
(Section 4 continues on next page)							

Section 4, continued

☐ Because of the particular physical su to the owner would result, as distinguished					nardship
☐ The variance will not, in any significa	ant way, vary the provis	ions of applicable ordina	nces.		
					
The owner understands that upon approval of this s or building permits issued until such improvements the City. Furthermore, the owner is aware of all fe payable to the City regardless of the outcome of thi within seven calendar days, as required by Chapte The undersigned hereby applies for subdivision placetifies that the information contained on this applies	s are installed and acce ees and costs involved s request. Lastly, the c r 7.II of the Subdivision at approval in accordar	pted by the City or a sui in applying for subdivisi wner/representative agr Ordinance.	table performance g on approval and tha ee to provide recordi policies and regulati	uarantee is/has been acce t the subdivision processir ng information of the plat in	epted by ng fee is n writing
Ouror's Signature		Data			
Owner's Signature		Date			
Representative's Signature		Date			
FOR OFFICE USE ONLY:					
Submitted to front desk:	Deemed preliminary co	omplete:			
Date Descripted by Development Services Technician for	a a mandata na a a mayiayyy	Date	Time	Initials	
Received by Development Services Technician for	completeness review:_	Date	Time	Initials	
Completeness review passed?		□ No			
	Date	Da	ite		
If yes, when was application scheduled for sta	aff review, if applicable?		Initiala		
If no, when was rejection & list of deficiencies	s (attach conv.) sent to A	Date Authorized Representativ	Initials		
ii no, when was rejection a list of deficiences	s (attach copy) sent to F	tatnonzea Representativ	Date	Initials	_
Resubmittal received by Development S	ervices Technician for o	completeness review:	Date		
Completeness review passed? Representative.)	(Note: If resubmittal s	still incomplete after a			ıthorized
, <u>,</u> , ,	п.,				
☐ Yes		Date			
Approvals required for this application:	Approval Date	Case Number		Notes	
Administrative Approval					
Planning Commission					
City Council (cases with appeal)		-	_		
Date of Approval Expiration:					
Date Recorded:					