

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 CO 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? Yes No

If yes, how many structures exist? _____ What type of structures exist currently? _____

If yes, are any of the structures planned to remain? Yes (NOTE: requires one copy of proposed plat showing structures to remain)

No

Are there existing deed restrictions? Yes No

If yes, provide deed reference information: _____

Is this proposed plat within the ETJ?* Yes No

*NOTE: The ETJ (Extra-Territorial Jurisdiction) is an area outside the City limits but encompassing all land within 3 ½ miles of it..

Section 4: Variance Requests

Are any variances for this application being requested? Yes No

If yes, provide all of the following information:

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 surroundings, shape, or topographical conditions of the specific property involved, a particular hardship to the owner would result, as distinguished from a mere inconvenience, if the strict letter of these regulations is carried out.

The variance will not, in any significant way, vary the provisions of applicable ordinances.

The owner understands that upon approval of this submitted plat, certain site improvements may be required and that no plats will be released for recording or building permits issued until such improvements are installed and accepted by the City or a suitable performance guarantee is/has been accepted by the City. Furthermore, the owner is aware of all fees and costs involved in applying for subdivision approval and that the subdivision processing fee is payable to the City regardless of the outcome of this request. Lastly, the owner/representative agree to provide recording information of the plat in writing within seven calendar days, as required by Chapter 7.11 of the Subdivision Ordinance.

The undersigned hereby applies for subdivision plat approval in accordance with the subdivision policies and regulations of the City of San Angelo and certifies that the information contained on this application is true and accurate to the best of my knowledge.

Owner's Signature

Date

Representative's Signature

Date

FOR OFFICE USE ONLY:

Submitted to front desk: _____ Deemed preliminary complete: _____
Date Date Time Initials

Received by Development Services Technician for completeness review: _____
Date Time Initials

Completeness review passed? Yes _____ No _____
Date Date

If yes, when was application scheduled for staff review, if applicable? _____
Date Initials

If no, when was rejection & list of deficiencies (attach copy) sent to Authorized Representative? _____
Date Initials

Resubmittal received by Development Services Technician for completeness review: _____
Date Initials

Completeness review passed? (Note: If resubmittal still incomplete after a second review, schedule appointment with Authorized Representative.)

Yes _____ No _____
Date 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: _____