



# PLAT APPLICATION

City of Lindale  
105 Ballard Dr.  
Lindale, TX 75771  
Phone: 903-882-6861 Fax: 903-881-8170  
Email:  
[communitydevelopment@lindaletx.gov](mailto:communitydevelopment@lindaletx.gov)

Application Date: \_\_\_\_\_

Permit # \_\_\_\_\_  
(Office Use Only)

## PROPERTY INFORMATION

**Application for:** Check the appropriate box.

Preliminary/Final Plat  Preliminary Plat  Final Plat or Replat  Amended Plat  Concept/Land Plan

**Type:**  Residential  Non-residential **Located:**  City Limits  ETJ (City's Extraterritorial Jurisdiction)

**Site Address/General Location:** \_\_\_\_\_

Legal Description: \_\_\_\_\_

Proposed Plat/Subdivision Name: \_\_\_\_\_

Total Acres: \_\_\_\_\_ No. of Lots: \_\_\_\_\_

Proposed Development or reason for Request \_\_\_\_\_

## APPLICANT & OWNER INFORMATION

**Applicant Name:** \_\_\_\_\_ **Company Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Main Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Main Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I will represent the application myself; or

I hereby designate \_\_\_\_\_ (applicant above) to act as my agent for submittal, processing, representation, and/or presentation of this application. The designee shall be the primary contact person for this application.

\_\_\_\_\_  
Applicant/Developer Printed Name

\_\_\_\_\_  
Applicant/Developer Signature

\_\_\_\_\_  
Date