



CITY OF BENBROOK

*Community Development
P.O. Box 26569
911 Winscott Road
Benbrook, Texas 76126
817-249-3000*

FINAL PLAT

APPLICATION FOR APPROVAL OF FINAL PLAT

NAME OF SUBDIVISION: _____

OWNER:

| | |
|-------------------|-------------|
| Name: | Phone: |
| Address: | Cell Phone: |
| City, State, Zip: | Fax: |
| Contact Person: | Email: |

AUTHORIZED APPLICANT/AGENT: (If not Owner named above)

| | |
|-------------------|-------------|
| Name: | Phone: |
| Address: | Cell Phone: |
| City, State, Zip: | Fax: |
| Contact Person: | Email: |

SURVEYOR:

| | |
|-------------------|-------------|
| Name: | Phone: |
| Address: | Cell Phone: |
| City, State, Zip: | Fax: |
| | Email: |

PROPERTY DESCRIPTION:

| | |
|--------------------------|---|
| Location of Subdivision: | |
| Survey Name: | Abstract No. |
| Tract(s): | Total Area: _____ Acres or _____ Sq.Ft. |
| Total Lots: | Total Blocks: |
| | Total Streets: |

 A metes and bounds description and a sketch map locating property so described are attached.

PROPOSED USE(S):

| | |
|-------------------|---|
| Use: | No. of Acres: |
| Use: | No. of Acres: |
| Current Zoning: | Zoning Change Requested: Yes ___ No ___ |
| Requested Zoning: | |

NAME OF ALL LIEN HOLDERS: (Attach additional page if needed)

| | |
|-------------------|-------------------|
| 1. Name: | 2. Name: |
| Address: | Address: |
| City, State, Zip: | City, State, Zip: |
| Phone: | Phone: |

DESCRIBE ALL EASEMENTS OR FEE STRIPS PREVIOUSLY GRANTED ACROSS OR WITHIN THE PROPOSED SUBDIVISION:

I certify that the information concerning the proposed subdivision is true and correct and that I am the record owner or authorized agent for the owner of the above-described property.

SIGNED:

Owner: _____ Date: _____

or Agent: _____ Date: _____

Return completed application, fees, and plat, completed to Final Plat specifications to:

**City of Benbrook
Attn: Planning Department
P.O. Box 26569
911 Winscott Road
Benbrook, TX 76126**

FOR ANY QUESTIONS OR ADDITIONAL INFORMATION, PLEASE CALL 817-249-3000.

For Office Use Only

| | |
|-------------------------------------|-------------------------|
| Application accepted by: | Date: |
| Checked for completeness by: | Date: |
| Application Fee Paid: \$ | Date: |
| P&Z Agenda Item: | Date of Meeting: |
| Staff Comments: | |
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