



CITY OF BENBROOK

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

CHECK ONE
<input type="checkbox"/> Preliminary Plat
<input type="checkbox"/> Short Form Plat

APPLICATION FOR CONSIDERATION OF PRELIMINARY 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 preliminary plat, completed to Preliminary 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:	