SUBDIVISION APPLICATION FORM WOOD COUNTY, TEXAS (UPDATED 7/2022)

Please Type or Print Information

This form shall be completed by the Property Owner or Applicant and submitted to the Subdivison Coordinator's Office along
with the required number of copies of the respective plat, fees, and all other required information.

Type of Plat Submital:	Preliminary	Plat	Final Plat	R	evision	Cancellation
Proposed Name of Subo	livision:					
Applicant/Propert	y Owner's Name:					
1	Mailing Address:					
	City:			State:	Zip:	
	Telephone No.:			Fax No.:		
Surveyor/	Engineer's Name:					
	Company:					
	Address:					
	City:			State:	Zip:	
Tel	ephone No.:			Fax No.:		
Total Acreage	of Development:			Total Number	r of Lots:	
Physical Location	of Property:					
Legal Description	of Property:					
Intended Use of Lots :	Check all those that ap	ply)				
]	Residential (Single Fam	ily)		Residential (N	Multi-family)	
	Other					
	(please spec	ify)				
Property Located Withi	n City ETJ:	Yes		No		
]	f Yes, Name of City:				
Water Supply:			Electric	Service:		
Sewage Disposal:			Gas	Service:		
Telephone / Internet:			Wat	er Well(s):		
	sionof plans/drawings, o <u>nt understands that the</u> y (r <u>reproduce</u>		-	
Application Receiv	ed By:				Date Received:	
Fee Paid (Amo	unt): \$		Check #:		County Receipt #:	