SUBDIVISION APPLICATION FORM WOOD COUNTY, TEXAS

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	F	Final PlatRev	visionCancellation
Proposed Name of Subdivision:			
Applicant/Property Owner's Name:			
Mailing Address:			
City:		G	
		T ux 110	
Company:			
Address:			
City:		State:	Zip:
Telephone No.:		Fax No.:	
Total Acreage of Development:	Total Number of Lots:		
Physical Location of Property:			
Legal Description of Property:			
Intended Use of Lots : (Check all those that apply)	ı		
Residential (Single Family)	_	Residential (M	ulti-family)
Other			
(please specify)			
Property Located Within City ETJ:	Yes	No	
If Ye	es, Name of City: _		
Water Supply:	Electric Service:		
Sewage Disposal:	Gas Service:		
Note: The sumbission of plans/drawings, calcu- the Applicant understands that they ma (Cou	_	reproduced (copied) by t	_
Application Received By:			Date Received:
Fee Paid (Amount): \$	(Check #: C	ounty Receipt #: