**APPLICATION FOR AMENDING PLAT**
Planning & Development Department
30360 Cougar Bend, Bulverde, TX 78163
Telephone: 830-438-3612 - Fax. 830-438-4339
www.bulverdetx.gov

ALL APPLICATIONS SHALL BE ACCEPTED BY APPOINTMENT ONLY DURING A PRE-APPLICATION CONFERENCE ON THE DATES SPECIFIED IN PAGE 2 OF THIS APPLICATION. TO SCHEDULE AN APPOINTMENT PLEASE CONTACT THE BULVERDE PLANNING & DEVELOPMENT DEPARTMENT.

1. Name of Subdivision: ____________________________________________ Unit No __________________
   Location Description/Nearest Intersection: __________________________

2. Owner/Applicant: ________________________________________________ Email: ______________________
   Address: ________________________________
   Telephone: __________________ Fax: __________________ Mobile: __________________
   *Note: If applicant is person other than owner, a letter of authorization must be provided from owner.*

3. Licensed Engineer/Surveyor (technical contact): ______________________
   Address: ________________________________ Email: ______________________
   Telephone: __________________ Fax: __________________ Mobile: __________________

4. Property Details:
   City Limits: __ In __ Out (ETJ) Water Source: ______________________
   Commercial: __ Yes __ No Sewage Treatment: ______________________
   Residential: __ Yes __ No TxDOT Frontage: __ Yes __ No
   No. of Lots: ____________________________ 100-Year Floodplain: __ Yes __ No
   Total Acreage without floodplain: ____________________________ Edwards Aquifer Zone: __ Recharge __ Contributing
   Density Class: ____________________________
   Zoning Class: ____________________________

The undersigned agrees to comply with all platting and subdivision requirements of the City of Bulverde, and hereby authorizes the surveyor/engineer to record the approved final plat. The undersigned agrees to pay the appropriate fees as outlined in the Planning and Development Fee Schedule and agrees to pay fees for any additional review requiring consultation with City Consultants, including involvement of a contract engineer in a predevelopment conference. To the extent possible, City Staff will provide the Owner/Applicant with an estimate of fees should outside consultation be required.

______________________________
Signature of Owner/Applicant          Date

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**Fees and Submittal Dates on Page 2**

Form Date: 08.27.2019     Submittal Format: 1

**Plat submittals must follow format outlined in Page 3 of this application.**
Fees:

☐ $750.00 + $15.00 per lot single family; $30.00 per acre for non-single family.

**SUBMITTAL DATES: OCTOBER 2019 – DECEMBER 2020**

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<th>Planning &amp; Zoning Meeting</th>
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ALL SUBMITTALS MUST FOLLOW THE FOLLOWING REQUIREMENTS TO BE ACCEPTED BY THE CITY OF BULVERDE FOR INITIAL REVIEW

☐ 1 full-size copy of Amending Plat
☐ 1 11”x17” reduction of the Amending Plat
☐ One electronic copy of each document required below and plat drawing(s) in PDF format.
☐ Copy of Recorded Deed
☐ Lienholder’s acknowledgement (if applicable)

ADDITIONAL COMMENTS

FOR OFFICE USE ONLY:

☐ Approved (Assign Case Number)
☐ Returned (Provide Comments)

Reviewed by: Date: Case Number: