**APPLICATION FOR PRELIMINARY 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: _________________________________________________________ _____________________
   Address: ________________________________________________________Email: ________________________
   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
   Density Class: ________________________ Edwards Aquifer Zone: Contributing
   Zoning Class: ________________________ Edwards Aquifer Zone: Contributing

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.

<table>
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<tr>
<th>Signature of Owner/Applicant</th>
<th>Date</th>
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Fees on Page 2

Form Date: 08.27.2019 Submittal Format: 1

**Plat submittals must follow format outlined in Pages 3 and 4 of this application.**
Preliminary Plats
☐ $1250.00 + $15.00 per lot single family; $30.00 per acre for non-single family.

Traffic Impact Analysis (TIA) Review
☐ $1250.00 - Minor TIA
☐ $2500.00 - Major TIA

Drainage Analysis Review Tier 1
☐ $750

Drainage Analysis Review Tier 2 single family residential
☐ $1500 – (0-5 acres)
☐ $2500 + $10/lot – (5+ acres)

Drainage Analysis Review Tier 2 Commercial/Industrial/Multi-Family
☐ $1750 - (0-5 acres)
☐ $2500 + $10/acre (5+ acres)

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**Plat submittals must follow format outlined in Pages 3 and 4 of this application.**

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

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<thead>
<tr>
<th>Planning &amp; Zoning Meeting</th>
<th>City Council Meeting</th>
<th>Submittal Date</th>
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<td>OCTOBER 10, 2019</td>
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ALL SUBMITTALS MUST FOLLOW THE FOLLOWING REQUIREMENTS TO BE ACCEPTED BY THE CITY OF BULVERDE FOR INITIAL REVIEW. REFER TO CHAPTER 10 AND CHAPTER 17 FOR FULL PLAT DOCUMENT AND SUPPORTING DOCUMENTATION REQUIREMENTS.

- 2 Copies of the Preliminary Plat
- One electronic copy of each document required below and plat drawing(s) in PDF format.
- A check or money order for the platting fee, review fee and other required fees.
  - Plat Application & Review Fee
  - SWMP Review Fee
  - TIA Fee
- 2 copies of the Utility Layout showing all proposed utilities and easements
- 2 copies of the Traffic Impact Analysis
- 1 copy of the approved Floodplain Development Permit from Comal County if subdivision includes property within the ETJ.
- 2 copies of the Drainage Study
- 2 copies of the Water Study and Water Supply Certification as applicable
- 2 copies of the Sewer Study as applicable
- 2 copies of the Environmental Assessment
- Slope Map
- Riparian Buffer Exhibit
- Tree Protection, Replacement and Mitigation Plan
- Certification by all utilities that will provide service to the proposed subdivision and all entities with regulatory authority pertaining to the proposed subdivision including but not limited to the following.
  - Electric Utility
  - Gas Utility
  - Public Water System
  - Public Sewer System
  - Telephone Utility
  - Cable TV Utility
  - United States Postal Service
  - Emergency Services
  - TxDOT
  - Comal County
  - TCEQ
  - Edwards Aquifer Authority
  - Other agencies or entities having jurisdiction
☐ Evidence that the applicant has submitted the information required above to the utilities and entities described above
☐ Variance Requests (if any)
☐ Letter of Agent or other power of attorney authorizing signature of Owner on plat
☐ Other applicable legal documents including deed restrictions, homeowner’s association documents, etc.
☐ Verification of closure of the outer boundary of the plat
☐ For plats in the ETJ, provide a copy of an approved PIPROW permit from Comal County for any utilities, landscaping, street lighting, or other private features located in the public right-of-way
☐ If utility services must be extended beyond the outer boundary of the proposed subdivision across privately owned land to provide service to the lots in the proposed subdivision, then those utility service extensions must be contained in easements. Copies of the recorded easements for said utility extensions must be provided along with a map view showing the extensions from the outer boundary of the proposed subdivision to their ultimate connection points to be able to provide service.
☐ Lienholder’s acknowledgement (if applicable)

ADDITIONAL COMMENTS

________________________________________________________________________
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FOR OFFICE USE ONLY:
☐ Approved (Assign Case Number)
☐ Returned (Provide Comments)

Reviewed by: Date: Case Number:

Form Date: 08.27.2019 Submittal Format: 4

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