

City of Crandall Development Application

Please check the appropriate box below to indicate the type of application you are requesting and provide all information required to process your request.

- | | | |
|---|--|--|
| <input type="checkbox"/> Annexation Petition | <input type="checkbox"/> Minor Plat | <input type="checkbox"/> Release of Territorial Jurisdiction (ETJ) |
| <input type="checkbox"/> Pre-Design Meeting | <input type="checkbox"/> Final Plat | <input type="checkbox"/> Zoning Change |
| <input type="checkbox"/> Specific Use Permit | <input type="checkbox"/> Vacating Plat | <input type="checkbox"/> Zoning Variance |
| <input type="checkbox"/> Subdivision Variance | <input type="checkbox"/> Traffic and Safety Variance | <input type="checkbox"/> Land Study |
| <input type="checkbox"/> Preliminary Plat | <input type="checkbox"/> Comprehensive Plan Amendment | <input type="checkbox"/> Amending Plat |
| <input type="checkbox"/> Replat | <input type="checkbox"/> Planned Development Concept Plan | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Conveyance Plat | <input type="checkbox"/> Planned Development Detailed Plan | <input type="checkbox"/> |

PROJECT INFORMATION

Project Name: _____

Project Address (Location): _____

Existing Zoning: _____ Proposed Zoning: _____

Existing Use: _____ Proposed Use: _____

Existing Comprehensive Plan Designation: _____ Gross Acres: _____

Application Requirements: The applicant is required to submit sufficient information that describes and justifies the proposal. **See appropriate checklist and fee schedule for minimum requirements. Incomplete applications will not be processed.**

APPLICANT INFORMATION

Applicant: _____ Company: _____

Address: _____ Tel: _____ Fax: _____

City: _____ State: _____ ZIP: _____ Email: _____

Property Owner: _____ Company: _____

Address: _____ Tel: _____ Fax: _____

City: _____ State: _____ ZIP: _____ Email: _____

Key Contact: _____ Company: _____

Address: _____ Tel: _____ Fax: _____

City: _____ State: _____ ZIP: _____ Email: _____

**SIGNATURE OF PROPERTY OWNER OR APPLICANT
(SIGN AND PRINT OR TYPE NAME)**

SIGNATURE: _____
(Letter of authorization required if signature is other than property owner)

Print or Type Name: _____
Known to me to be the person whose name is subscribed to the above and foregoing instrument, and acknowledged to me that they executed the same for the purposes and consideration expressed and in the capacity therein stated.

Given under my hand and seal of office
on this _____ day of _____ 2006.

Notary Public

For Departmental Use Only

Case No. _____

Date Submitted _____

Total Fee(s): _____

Check No.: _____

Date Sent to City
Planner / City
Engineer: _____

Accepted By: _____