BioCorridor Planned Development District Plat Application





Type of Plat – please check one

☐ Preliminary Plan	□Repl	at	□Vacating
□Final Plat		☐Minor or Amending Plat	
Minimum Submittal	Requirements		
 Plat application fee Development Perm required. Application comple adjusted or altered. Fourteen (14) folde BioCorridor Planne Electronic copy of Two (2) copies of t report. 	e – refer to City when it Application/Publication/Publication full. This appeared copies of plat, coed Development Displat e-mailed to he grading, drainag	plication form provide intaining all the require strict Ordinance, Sections, and erosion control	ew and Inspection Fee – if ed must be used and may not be ements as set forth in the ion 7.1. plans with supporting drainage
• Two (2) copies of t	he Public infrastruc	cture plans and suppor	ting documents – if necessary.
Property Owner Informa Name			
City	State	Zip Code	
Phone Number		Fax Number	
E-mail Address			
Applicant Information Name			
Mailing Address			
City	State	Zip Code	
	one Number Fax Number		
E-mail Address			
Agent or Engineer Inform			
Mailing Address			
City	State	Zip Code	
Phone Number		Fax Number	

E-mail Address _____

Site Information	
Address	
R Number	
Legal Description	
Total Acreage	
Current Use	
Proposed Use	
Current Zoning	
Proposed Zoning	
Is any of the property in the floodplain?	
Certification I hereby certify that I am the owner of the above application. I am respectfully requesting process agree to comply with the requirements in all applinformation concerning this request. I certify that regulations regarding this process as specified by	ing and approval of the above referenced request. I licable codes. I agree to provide all necessary t I have been informed and understand the
Owner's Signature	Owner's Printed Name
I also hereby authorize the Applicant, Agent, and behalf during the processing and presentation of with the City in processing this application.	l/or Engineer listed on this application to act on my this request. They shall be the principal contacts
Owner's Signature	Owner's Printed Name
Applicant's Signature	Applicant's Printed Name
Agent/Engineer's Signature	Agent/Engineer's Printed Name

Certification Regarding Deed Restrictions (Replats Only)

Notary Public





I (We) hereby represent and certify further that (check one): ☐ There are <u>no deed restriction</u> which affect the above described property or Subdivision as addressed in Chapter 212.015(a)(2), as amended, of the Texas Local Government Code. ☐ There <u>are deed restrictions</u> which affect the above described property or Subdivision and such restrictions do limit the use of any or all lots, tracts, or parcels there in to residential use not to exceed two residential units per said lot, tract, or parcel in such property subdivision. I (We) understand that this certificate is to be part of the official public records used in connection with the filing of a replat of the above described property. I (We) hereby certify that the foregoing is true and correct. Signature of Owner(s) Signature of Owner(s) Date STATE OF TEXAS: **COUNTY OF BRAZOS:** Sworn to and subscribed before me this ______ day of ______.