

**City of Nevada**

424 E FM 6, Nevada TX 75173  
972 853-0027 Fax 972 853-0027

**APPLICATION FOR PLAT**

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**OFFICE USE ONLY**

Case Number: \_\_\_\_\_  
Fee: \_\_\_\_\_

Submittal Date: \_\_\_\_\_  
Received By: \_\_\_\_\_

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**DESCRIPTION OF PROPERTY**

Legal Description: Attach a metes and bounds description of subject property and a survey plat.

Address of Property: \_\_\_\_\_

General Location: \_\_\_\_\_

Proposed Name of Subdivision: \_\_\_\_\_

Acreage of Subdivision: \_\_\_\_\_

Number of Lots: \_\_\_\_\_

Residential and Commercial Density: \_\_\_\_\_  
(based on gross acreage)

Present Zoning of Subject Property: \_\_\_\_\_

**Owner**

**Applicant**

Owner(s): \_\_\_\_\_  
\_\_\_\_\_

Applicant: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Person preparing Plat: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Designation of Agent Form

I hereby authorize the person designated below, to act in the capacity as my agent for the application, processing and representation of this request. The designated agent shall be the principal contact person with the city (and vice versa) in processing and responding to requirements, information requests or other issues relative to this request.

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Signature of Owner	Printed Name	Date
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Signature of Applicant (if different from designated agent)	Printed Name	Date
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Signature of Agent	Printed Name	Date
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Address of Agent: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_