

## **City Of Mercedes Planning Department**Tel. (956) 565-3114 ext. 130 Fax (956) 565-5184

**Application for Subdivision Review** 

PROJECT DESCRIPTION	Subdivision Name:		
	Location:		
	Legal Description:		
	Submission for: prelim. Platfinal plat prelim & final platminor plat		
	Is subdivision inside city limits?yn. If	no, is it within: 1 mi. ETJ5 mi. ETJ	
	Existing Land Use:	Proposed Land Use:	
	Existing Zoning: Change Nee	eded for proposed Use y n	
	Number of Lots Proposed: Gross Act	reage: Net Acreage:	
	Will Deed Restrictions be placed on the subdiv	vision y n (if yes, submit copy).	
	Proposed subdivision will connect to:		
UTILITY PROVISIONS	y_n Water Provision:		
	yn Electric Company:		
	yn Phone Utilityyn	Gas Utilityyn Cable Utility	
	Proposed subdivision is in the following distri-	cts:	
TIL	yn Drainage District:		
ב	School District:		
VNER	Name:	Telephone:	
	Address:	Fax:	
0W]	City:State: _	Zip:	
ENGINEER	Name:	Telephone:	
	Address:		
ENG	City:State: _	Zip:	
) K			
	Name:	Telephone:	
ÆY0	Name:	Telephone:	
SURVEYOR		Fax:	

ADDITIONAL SUBMITTALS REQUIRED	Filing Fee: \$100 for 10acres or less, \$150 for 10+ - 50 acres, \$250 for 50+ acres (Re-plat Fee \$250) Subdivision Plat Fee: \$600, plus a \$30 per lot fee  Four (4) copies of preliminary and/or final plats *  One 11" x 17" reduced copy of plats *  Warranty Deed  Tax Certificate  Preliminary Drainage Plans and Calculations (2% fee to be paid prior to recording of paylor)	
	Plat had been submitted to all applicable utility companies, Drainage District, Irrigation District and County Engineering  *Any revisions requested would require resubmission of plats and reduced copy reflecting changes.  I certify that I am the actual owner of the property described above and this application is being submitted with my consent (include corporate name if applicable); or I am authorized by the actual owner to submit this application and have attached written	
AUTHORIZATION	Signature: Date: Owner Authorized Agent	
STAFF USE	Filing Date: Amount Paid: Check #: Check #: Check #: Planning & Zoning Review: City Commission Review: City Commission Review: P & Z Meeting Date: City Commission Mtg. Date: 1st 2nd	