



SUBDIVISION REVIEW APPLICATION

The Planning & Zoning Commission meets every 1st Wednesday of each month at 5:30 pm.

The City Commission meets every 1st and 3rd Tuesday of each month at 5:30 pm

FILE NO. _____

This form shall be completed by the Property Owner or Applicant and submitted to the Planning Department along with the required number of copies of the respective plat, review fee and all other required information listed below and in the Subdivision Ordinance. The submittal of an application does not constitute acceptance for processing until the staff reviews and determines the application is complete.

GENERAL INFORMATION

Name of Subdivision: _____

Location: _____

Legal Description: _____

Is subdivision inside city limits? YES NO

If subdivision is in the ETJ, indicate? 3.5 Mile 5 Mile

If no submit letter of Annexation (Contiguous or Consensual)

Existing Zoning: _____

Existing Land Use: _____ Proposed Land Use: _____

Number of Lots Proposed: _____ Gross Acreage: _____

Title Report Submitted: YES NO

OWNER INFORMATION

Owner's Name: _____ Telephone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ E-mail: _____

ENGINEER INFORMATION

Name: _____ Telephone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____ E-mail: _____

255 S. KANSAS AVE ■ WESLACO, TEXAS 78596-6285 ■ 956-447-3401 ■ (Fax) 956-973-3128 ■ WWW.WESLACOTX.GOV

UTILITY PROVISIONS

Will proposed subdivision connect to:

YES NO Water Provision: _____

YES NO Wastewater Provision: _____

YES NO Electric Company: _____

<input type="checkbox"/> YES <input type="checkbox"/> NO Phone Utility _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Gas Utility	<input type="checkbox"/> YES <input type="checkbox"/> NO Cable Utility
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Proposed subdivision is in the following districts:

<input type="checkbox"/> YES <input type="checkbox"/> NO Drainage District _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Irrigation District _____
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Has the property been assessed as flat rate irrigable property: YES NO

Have Water Rights been conveyed to City/Water Supplier? YES NO

(Attach written proof of such assessment or that it has never been assessed as such a property) If **YES**, attach an estimate from the irrigation district of the proportional water rights for the subdivision as calculated under Texas Water Code § 49.505.

SUBMITTALS REQUIRED FOR SUBDIVISION REVIEW

_____ **Seven (7)** sets of preliminary plat **folded and stapled** (24 x 36) and forward a copy in PDF format to

rdelafuente@weslacotx.gov

_____ **\$55.00** Subdivision Review fee

_____ PDF copy of all documents submitted (emailed or USB)

_____ One 11" X 17" reduced copy of plat

_____ Plat Layout

_____ Existing & Proposed Easements

_____ Existing & Proposed ROW

_____ Existing & Proposed Drainage Easements

_____ Contours

_____ Flood Zones

_____ Adjoiners

_____ Existing & Proposed street names

_____ Utility Layout

_____ Existing & Proposed Utilities

_____ Proposed Fire Hydrants

_____ Adjoiners

_____ Street names

_____ Drainage plans and calculations with engineer's seal

_____ Elevations

_____ Flood directional arrows

_____ Detention areas

_____ Street names

_____ Proof of ownership of the property

_____ If septic tank system required, submit soil evaluation report

_____ Water Rights associated with the property

_____ Tax Receipt for all taxing entities showing that taxes are paid in full

_____ Number of fire hydrants proposed for subdivision

_____ Trip Generation Worksheet

AUTHORIZATION AND ACKNOWLEDGEMENTS

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); and the following person listed below is my authorized agent to act on my behalf.

I certify that the above information is correct and complete to the best of my knowledge. I understand that I must comply with all applicable local, state, and federal regulations.

Owner Printed Name: _____

Owner Signature: _____ Date: _____

_____ is the authorized agent

Authorized Agent Signature: _____ Date: _____

Authorized Agent Printed Name: _____

THIS PAGE FOR STAFF USE ONLY

Date Received: _____ Received By: _____ Date Paid _____

Preliminary Subdivision Review Date: _____

General Comments: _____
