



Planning Department
700 W US Highway 67
Venus, Texas 76084
972-366-3348 extension 206
www.cityofvenus.org

CITY OF VENUS PLANNING DEPARTMENT

Plat Application

Request Type: _____ Date: _____

Proposed Subdivision Name: _____

Number of Lots: _____ Number of Blocks: _____ Phases: _____

Single Family: _____ Multi-Family: _____ Commercial: _____ Industrial: _____

Proposed Wastewater Treatment: Sanitary Sewer _____ OSSF (On-Site Sewage Facility) _____

Electrical Power and Light Company to serve the proposed Subdivision: _____

Existing Zoning: _____ Proposed Zoning: _____ Future Land Use Designation: _____

How is the property currently being used? _____

What is the proposed use of the property? _____

Project Address _____

Adjoining Streets and/or Nearest Intersection: _____

Legal Description: _____

Property Parcel ID: _____ Inside City Limits: _____

Number of Acres: _____ Abstract Name/Number: _____

Property Owner: _____

Phone: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip _____

Applicant: _____

Phone: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip _____

Developer: _____

Phone: _____ Email: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Engineer: _____

Phone: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Surveyor: _____

Phone: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Primary Contact to receive comments and updates

Property Owner: _____ Applicant: _____ Developer: _____ Engineer: _____ Surveyor: _____

Other: _____

I hereby certify that I am the owner and/or duly authorized agent of the owner of the purposes of this application. Also, this application is in conformance with the requirements of the City's Ordinance, as amended and other ordinances, maps, and codes of the City of Venus that pertain to this submittal. I further certify that all required documents listed on this plat checklist have been provided **and if the application is deemed incomplete, understand the application may be forwarded to the next submittal date.** I understand that it is my responsibility to have the applicant, owner, or other authorized agent present at the Planning and Zoning Commission and City Council meetings. Should an authorized person not be at the meeting to represent the application, I understand the Commission or Council may continue this item to a future date to allow questions regarding the case. I further understand that this request will be placed on the appropriate Planning and Zoning Commission and City Council agendas or other appropriate boards in accordance with the City's current ordinance.

I further certify that I have read and examined this application and know the same to be true and correct. If any of the information provided on this application is incorrect the permit or approval may be revoked.

Property Owner (print name): _____

Property Owner's Signature: _____ Date _____

Applicant/Authorized Agent (print name): _____

Applicant's Signature: _____ Date _____

Accepted by _____ Date _____