

APPLICATION FOR SUBDIVISION

THIS SECTION FOR OFFICE USE

Application No.	PP 11035	Date	7-17-15
Application Fee	\$ 1545	Receipt No.	
Master Plan Hearing Date	7-8-15	Preliminary Plat Hearing Date	9-1-15

SECTION 1: APPLICANT INFORMATION

Applicant's Name:	Signature Top Sail NC, LP	Owner's Name:	Signature Top Sail NC, LP
Applicant's Address:	9337B Katy Freeway #377	Owner's Address:	9337B Katy Freeway #377
City, State, & Zip	Houston, Texas 77024	City, State, & Zip	Houston, Texas 77024
Phone Number:	713-822-3891	Phone Number:	

Legal relationship of applicant to land owner: **Owner**

SECTION 2: PROJECT INFORMATION

Preliminary Plat	<input type="checkbox"/> Residential <i>RP, PD, RM, MH District</i>	<input checked="" type="checkbox"/> Mixed Use <i>PD</i>	<input type="checkbox"/> Exempt
Subdivision Type	<input checked="" type="checkbox"/> Major (11 lots or more)	<input type="checkbox"/> Minor (10 lots or less)	<input type="checkbox"/> Other
Property Identification Number (PIN):	4214-12-8251-0000	Total property acreage:	39.34
Zoning Classification:	PD	Acreage to be disturbed:	39.34

Additional Information:

Phase 3 Only

SECTION 3: SIGNATURES

Applicant's Signature		Date:	7/16/15
Owner's Signature		Date:	

NOTICE TO APPLICANT

1. Applicant or agent authorized in writing must attend the public hearing.
2. Once the public hearing has been advertised, the case will be heard unless the applicant withdraws the application or unless the Planning Board or other authorized person agrees to table or delay the hearing.
3. All fees are non-refundable
4. A complete application packet must be submitted prior to the deadline in order to be placed on the next Planning Board Agenda

Office Use Only

<input type="checkbox"/>	Subdivision Fees: \$500 + \$10/lot-unit for the first 100 lots/units; \$5.00/lot-unit thereafter	Total Fee Calculation: \$				
Attachments Included with Application: (Please include # of copies)						
CD /other digital version	<input type="checkbox"/> Y <input type="checkbox"/> N	Plan Sets	# of large	# of 11X17	Other documents/Reports	<input type="checkbox"/> Y <input type="checkbox"/> N
Payment Method:	Cash: <input type="checkbox"/> \$ _____	Credit Card: <input type="checkbox"/> Master Card <input type="checkbox"/> Visa	Check: <input type="checkbox"/> Check # _____			
Application received by:					Date:	7-17-15
Application completeness approved by:					Date:	
Date scheduled for public hearing:						