



Development Services Application

6800 Main Street, The Colony, TX 75056, Phone 972-624-3122

Please check the appropriate box below to indicate the type of application you are requesting.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Conveyance Plat | <input type="checkbox"/> Minor Plat | <input type="checkbox"/> Gateway Standards Waiver | <input type="checkbox"/> BOA Variance / Other |
| <input type="checkbox"/> Preliminary Plat | <input type="checkbox"/> Site Plan | <input type="checkbox"/> Specific Use Permit (SUP) | <input type="checkbox"/> SBOA Variance / Other |
| <input type="checkbox"/> Final Plat | <input type="checkbox"/> Site Plan Amendment | <input type="checkbox"/> SUP Amendment | <input type="checkbox"/> Special Exception |
| <input type="checkbox"/> Amending Plat | <input type="checkbox"/> Planned Development (PD) | <input type="checkbox"/> Zoning | <input type="checkbox"/> Other |
| <input type="checkbox"/> Replat | <input type="checkbox"/> PD Amendment | | |

PROJECT INFORMATION

Project Name: _____

Project Address (Location): _____ Parcel(s) Tax ID# _____

Is there a previous project associated with this address / location? Yes No

If yes, Project Name: _____ Project #: _____

Existing Zoning: _____ Proposed Zoning: _____ Lots _____ Gross Acres: _____ Gateway Overlay: _____

Existing Use: _____ Proposed Use: _____

Description of proposed use: _____

APPLICANT INFORMATION

Applicant Name _____ **Company** _____ Architect Engineer

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Property Owner _____ **Company** _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Key Contact _____ **Company** _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

SIGNATURE OF PROPERTY OWNER (SIGN AND PRINT OR TYPE NAME)

SIGNATURE:

Print or Type Name: _____
(Letter of authorization required if signature is other than property owner)

Known to me to be the person whose name is subscribed to the above and foregoing instrument, and acknowledged to me that they executed the same for the purposes and consideration expressed and in the capacity therein stated.

Given under my hand and seal of office on this _____ day of 20 _____

Notary Public

Office Use Only

Project #: _____

Total Paid: _____

Payment Method: _____

Receipt #: _____

Fee credit: _____

Date Submitted: _____

Accepted By: _____