



Andrews County Judge

201 N Main St, RM 104

Andrews, TX 79714

Phone: (432) 524-1401

Fax: (432) 524-1470

Email: cfalcon@co.andrews.tx.us

SUBDIVISION APPLICATION

SUBJECT PROPERTY INFORMATION	
APPLICATION DATE:	RESUBMITTAL: <input type="checkbox"/> YES <input type="checkbox"/> NO
PROJECT NAME:	PRECINCT NO. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
IF RESUBMITTAL, PROJECT FORMERLY KNOWN AS:	
NUMBER OF LOTS:	TOTAL ACREAGE:
JURISDICTION: <input type="checkbox"/> CITY LIMITS <input type="checkbox"/> ETJ <input type="checkbox"/> OUTSIDE ALL CITY LIMITS AND ETJs	

*This application shall expire five (5) years from the Application date if the project becomes dormant, as defined by Sec. 245.005, Texas Local Government Code, as amended. This application shall expire forty five (45) days from the date the Application is submitted if, after proper notification, the Application remains incomplete, as defined by Sec. 245.002e, Texas Local Government Code, as amended.

TYPE OF APPLICATION		
<input type="checkbox"/> PRELIMINARY PLAT	<input type="checkbox"/> FINAL PLAT	<input type="checkbox"/> AMENDED PLAT/REPLAT

DIGITAL FILE SUBMISSION*	
<input type="checkbox"/> ADOBE.pdf and <input type="checkbox"/> AutoCAD.dwg to COUNTY ENGINEER (email: ramon@kleinmanconsultants.us)	
<input type="checkbox"/> ADOBE.pdf and <input type="checkbox"/> AutoCAD.dxf to 911 ADDRESSING (email: adelacruz@co.andrews.tx.us)	

*See Plat Review Checklist for additional submission requirements

CONTACT INFORMATION					
AGENT INFORMATION			PROPERTY OWNER INFORMATION		
FIRM NAME:			OWNER NAME:		
CONTACT:			CONTACT:		
ADDRESS:			ADDRESS:		
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:
PHONE: ()	FAX: ()		PHONE: ()	FAX: ()	
EMAIL:			EMAIL:		
DEVELOPER INFORMATION			SURVEYOR INFORMATION		
FIRM NAME:			FIRM NAME:		
CONTACT:			CONTACT:		
ADDRESS:			ADDRESS:		
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:
PHONE: ()	FAX: ()		PHONE: ()	FAX: ()	
EMAIL:			EMAIL:		

ENGINEER INFORMATION			OTHER CONTACT INFORMATION (IF DIFFERENT)		
FIRM NAME:			OWNER NAME:		
CONTACT:			CONTACT:		
ADDRESS:			ADDRESS:		
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:
PHONE: ()	FAX: ()		PHONE: ()	FAX: ()	
EMAIL:			EMAIL:		

PROPERTY OWNER CONSENT/AGENT AUTHORIZATION		
By my signature, I hereby affirm that I am the property owner of record, or if the applicant is an organization or business entity, that authorization has been granted to represent the owner, organization or business in this application. I certify that the preceding information is complete and accurate, and it is understood that I agree to the development/subdivision of this property.		
Signature:	Printed Name:	Date:
Signature:	Printed Name:	Date:
By signing this form, the owner of the property authorizes Andrews County to begin proceedings in accordance with the process for this type of application indicated on page one of this application. The owner further acknowledges that submission of an application does not in any way obligate the County to approve the application and that although County staff may make certain recommendations regarding this application, the Commissioners' Court may not follow that recommendation and may make a final decision that does not conform to the staff's recommendation.		

CALCULATION OF FEES		
PRELIMINARY PLAT: \$500 + ____ lots x \$10 per lot = \$ _____	PRELIMINARY PLAT IN FLOODPLAIN: \$1000 + ____ lots x \$10 per lot = \$ _____	FINAL PLAT: \$100

RECEIPT BY ANDREWS COUNTY (Office use only)	
Date Application Received: ____ / ____ / 20 ____	Date Application Accepted/Rejected: ____ / ____ / 20 ____
Signature:	Signature:
Receipt of this application by Andrews County does not provide confirmation or acceptance of a complete application, nor does it waive requirements for any additional information not contained as part of this application which may also be needed as a part of the review process.	

If an agent is authorized by the property owner to file and execute the application on behalf of the property owner, the agent must complete the affidavit below.

STATE OF TEXAS
COUNTY OF ANDREWS

Before me, the undersigned authority, on this day personally appeared _____ who, being by me duly sworn, upon oath says: That (s)he is authorized by _____, the owner of the above described property, to fully represent him/her in this application and that (s)he had the legal right, power and authority to sign said owner's name hereto as his/her attorney in fact.

Authorized Agent (signature)

Subscribed and sworn to before me, this ____ day of _____, 20 ____, to certify which witness my hand and seal of office.

NOTARY PUBLIC, ANDREWS COUNTY, TEXAS