



CITY OF BALCONES HEIGHTS

3300 Hillcrest
Balcones Heights, Texas 78201

PLAT APPLICATION

PLANNING & ZONING COMMISSION

Application must be complete and have the following documents: Three Mylar, one original and two blue line copies, 18"x24", 100' to 1" scale. Plan must show the name of the subdivider, the record owner, survey primary control points, legal descriptions, boundary lines, compass rose, date, final contour data per as outlined in Section 152.38, and all other data listed in Section 152.38.

Fees: \$500.00 base fee + \$100.00 each single family lot and/or \$250.00 per acre or fraction thereof for non-single family lot

Certificates from each are required:

- | | |
|--|--|
| <input type="checkbox"/> Civil Engineer that completes the plans | <input type="checkbox"/> Balcones Heights Fire Chief |
| <input type="checkbox"/> Property Owner's acknowledgement | <input type="checkbox"/> TX Dot |
| <input type="checkbox"/> San Antonio Water System | <input type="checkbox"/> Time Warner |
| <input type="checkbox"/> City Public Service | <input type="checkbox"/> AT&T |
| <input type="checkbox"/> Balcones Heights City Engineer (Slay Engineering) | |

Subdivision Name:

File #:

Owner:

_____ Name	_____ Address	_____ Phone
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Engineer Surveyor

_____ Name	_____ Address	_____ Phone
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LAND AREA BEING PLATTED:

Residential _____ Acres

Commercial _____ Acres

Public R.O.W _____ Acres

PROPOSED WATER SERVICE

() San Antonio Water System

() Water Well

() Other District _____

PROPOSED SEWER SERVICE

City of Balcones Hgts/ SA

() Septic Tank

() Other System _____

EDWARDS AQUIFER:

Property lies: () on () off Recharge Zone
() on () off Drainage Area

Existing Curbs: () Yes () No

Existing Sidewalks: () Yes () No

If yes, existing width _____

PROPOSED NUMBER OF LOTS

Residential 1 or 2 Family _____

Multi-Family Residential _____

Commercial _____

Total

Linear Feet of Units Per Acre _____

No. Dwelling Units Per Acre _____

Specific Proposed Uses: _____

City Use

Date Application Received: _____

Total Cost of Permit: _____

Received by: _____

Date Permit Fee Paid: _____