



**CITY OF LAGO VISTA**  
5803 THUNDERBIRD SUITE 103  
PO BOX 4727  
LAGO VISTA, TX. 78645

DEVELOPMENT SERVICES  
512-267-5259  
development@lagovistatexas.gov

## **SUBDIVISION APPLICATION**

**Request is for:**

\_\_\_\_ Amended Plat \_\_\_\_ Preliminary Plat \_\_\_\_ Final Plat \_\_\_\_ Minor Plat \_\_\_\_ Other (describe)

**(Please Print)**

**Property owner's name:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_  
Number & Street City State Zip code

**Phone:** ( ) ( ) ( )  
Day time Cell Fax

**Surveyor/Engineer:** \_\_\_\_\_  
Name of Company Contact person

**Phone:** ( ) ( )  
Office Fax

**Name of Proposed Project/Subdivision:** \_\_\_\_\_

### **Complete Legal Description of the Proposed Property**

**Tax Parcel ID #:** \_\_\_\_\_ **Subdivision:** \_\_\_\_\_

**Lot Number(s):** \_\_\_\_\_ **Section:** \_\_\_\_\_ **Block:** \_\_\_\_\_

**Number and Street Address:** \_\_\_\_\_

**Deed is recorded in Volume:** \_\_\_\_\_ **Page:** \_\_\_\_\_ **of Travis County Records.**

**I authorize the following person/company to act in my behalf as my designated agent:**

**Name of agent/company:** \_\_\_\_\_  
Name of Company Name of Contact

**Phone Numbers:** \_\_\_\_\_  
Day time Cell Fax

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_