



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:** _____