



201 Bolivar Street/PO Box 1729 * Sanger, TX 76266
940-458-2059(office) 940-458-4072(fax) www.sangertexas.org

SUBDIVISION APPLICATION

☐

Preliminary
Plat Minor
Plat

☒

Final
Plat/Replat
Amended Plat

☐

Vacating Plat
Conveyance
Plat

Applicant

Owner (if different from applicant)

Name: <u>Windle Eddy</u>	Name: <u>Windle Eddy</u>
Company:	Company:
Address: <u>10650 Indian Trl</u>	Address:
City, State, Zip: <u>Sanger, Tx 76266</u>	City, State, Zip:
Phone: <u>254-495-5375</u>	Phone:
Fax:	Fax:
Email: <u>deano212@msn.com</u>	Email:

Submittal Checklist

<input type="checkbox"/>	Pre-Application Conference (Date: ___/___/___)
<input checked="" type="checkbox"/>	One (1) Paper Copy of Plat (24"x36", folded to 1/4 size)
<input checked="" type="checkbox"/>	Letter of Intent
<input type="checkbox"/>	Non-Refundable Application Fee (Check Payable to City of Sanger)
<input type="checkbox"/>	Application Form (Signed by Owner)
<input type="checkbox"/>	Applicable Plat Checklist (Completed)
<input type="checkbox"/>	Additional Required Documents/Traffic & Drainage Studies etc.
<input type="checkbox"/>	One (1) PDF Copy of all Documents Provided on a CD/DVD or Emailed to development@sangertexas.org

Supporting Materials (List if provided): _____

R Number(s): _____

[Signature]
Owner's Signature

10/17/2022
Date

[Signature]
Applicant's Signature

10/17/2022
Date

Office Use: Reviewed by Director of Development Services ___/___/___

<input type="checkbox"/>	Complete (Check #___)
<input type="checkbox"/>	Incomplete (Returned to Applicant ___/___/___)

City of Sanger
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Effective Date: 02/11/2020