

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

## SUBDIVISION APPLICATION

Prelin Plat M Plat	ninary 1inor	Plat	al :/Replat ended Plat	Vacating Plat Conveyance Plat
Applicant			Owner (if different from ap	plicant)
Name: RAY HA	CIB	SUE TON	Name:	
Company: R # ALL	BUR	ETON RANCH L.L.C.	Company:	
		NTYRD.276	Address	
City, State, Zip:	alor	VILLE, TX 76240	City, State, Zip:	
Phone 940 44	100	3451	Phone:	
Fax:	~ ~ ~	7 3/	Fax;	
Email RhALLIBURTON 1960 OYAHO COM			Email:	
KhALLBU	270	W 1960 OYAHO COM	Email.	
		Submittal	Checklist	
Pre-Application Conference (Date:/)				
	~	One (1) Paper Copy of Plat (24"x36", folded to 1/4 size)		
	M	Letter of Intent		
		Non-Refundable Application	Fee (Check Pavable to City of	
	7	Sanger)		
		Application Form (Signed by Owner)  Applicable Plat Checklist (Completed)		
			ts/Traffic & Drainage Studies etc. ents Provided on a CD/DVD or	
	-			
		Emailed to	Los de l'actio	
Supporting Materials (I	_ist if p	orovided):		
R Number(s): 11700	25 Z	Dev		
Ray A	fal	1th		6-22-23
Owner's Signature	1	14	Dat	/
Applicant's Signature	THE			0-22-23
Applicants signature			Dat	te
Office Use: Reviewed by	v Direc	ctor of Development Services/	1 1	
omes osc. Nevicwed b	y Direc	ctor or Development Services/	Complete (Cheel	. #
			Complete (Check	rned to Applicant/
				Inled to Applicant/
		City of S	Sanger	

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