

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

## **SUBDIVISION APPLICATION**

|   | X   | Prelimina<br>Plat Mind | -     |                 |                       |                              | Replat                               | Conve | ng Plat<br>yance |
|---|---|------------------------|-------|-----------------|-----------------------|------------------------------|--------------------------------------|-------|------------------|
| l   |   | Plat                   |       |                 |                       | Ame                          | nded Plat                            | Plat  |                  |
|   | Applica                                       | nt                     |       |                 | Owner (if different f | from applicant)              |                                      |       |                  |
| Name: Michael Black                                 |   |                        |       |                 |                       | Name: Tim Ball               |                                      |       |                  |
| Company: TRINITY LAND SURVEYING LLC                 |   |                        |       |                 |                       |                              | Company:                             |       |                  |
| Address: 121 W Hickory ST. Ste 106                  |   |                        |       |                 |                       |                              | Address 2300 Wing Point Lane         |       |                  |
| City, State, Zip: Denton, Texas 76201               |   |                        |       |                 |                       |                              | City, State, Zip: Plano, Texas 75093 |       |                  |
| Phone 940-293-3180                                  |   |                        |       |                 |                       |                              | Phone: 214-690-9010                  |       |                  |
| Fax:  |   |                        |       |                 |                       | Fax:                         |                                      |       |                  |
| Email: mblack@trinity-surveying.com                 |   |                        |       |                 |                       | Email: tim@networthdfw.com   |                                      |       |                  |
| Submittal Checklist                                 |   |                        |       |                 |                       |                              |                                      |       |                  |
| X Pre-Application Conference (Date: 07 / 13 / 2023) |   |                        |       |                 |                       |                              |                                      |       |                  |
| One (1) Paper Copy of Plat (24"x                    |   |                        |       |                 |                       |                              | -J                                   |       |                  |
| X Letter of Intent                                  |   |                        |       |                 |                       | 730 , Tolded to 17 + 312c)   |                                      |       |                  |
|   | - I   |                        |       |                 |                       | ee (Check Payable to City of |                                      |       |                  |
|   | Sanger)                                       |                        |       |                 |                       | · •                          | _                                    |       |                  |
| X Application Form (Signed by C                     |   |                        |       |                 |                       | Owner)                       |                                      |       |                  |
| X Applicable Plat Checklist (Com                    |   |                        |       |                 |                       | npleted)                     |                                      |       |                  |
| Additional Required Documen                         |   |                        |       |                 |                       |                              |                                      |       |                  |
| X One (1) PDF Copy of all Docum                     |   |                        |       |                 |                       |                              | D/DVD or                             |       |                  |
|   | Emailed to <u>development@sangertexas.org</u> |                        |       |                 |                       |                              |                                      |       |                  |
| Supporting Materials (List if provided):            |   |                        |       |                 |                       |                              |                                      |       |                  |
| R Num   | nber(s): <u>5</u>                             | 6630                   |       |                 |                       |                              |                                      |       |                  |
|   |   |                        |       |                 |                       |                              |                                      |       |                  |
| 11  | مرا   | 10                     | 2     |                 |                       |                              |                                      | 11-1  | 5-23             |
| Owner   | 's Signat                                     | ure                    |       |                 |                       |                              |                                      | Date  | 5-23<br>1/23     |
|   |   | 7-7                    |       |                 |                       |                              |                                      | 11/15 | 1/23             |
| Applica   | ant's Sigr                                    | lature                 |       | ~               |                       |                              |                                      | Date  | _                |
| Offical   | l Iso. Dovi                                   | ewed by F              | Direc | tor of Developm | ent Serv              | ices /                       | ' /                                  |       |                  |

City of Sanger 201 Bolivar / P.O Box 1729 Sanger, TX 76266