

Signature of Applicant

CITY OF SOUTH PADRE ISLAND PLAT APPLICATION

 \square Preliminary Plat \$750.00 \square Final Plat \$750.00 \square Preliminary/Final re-plat \$500.00 \square Preliminary re-plat \$500.00 \square Final re-plat \$500.00

SUBJECT PROPERTY: Lot(s)	Block(s)
Section(s) / Subdivision	
Zoning District(s):	(A & E Zones require notification)
PROPERTY OWNER:	
OWNER MAILING ADDRESS:	
CITY, STATE, ZIP:	
PHONE NUMBER: ()	
FAX NUMBER: () Email:	Property Owner will be required.
APPLICANT (if different from Owner):	
APPLICANT MAILING ADDRESS:	
CITY, STATE, ZIP:	
PHONE NUMBER: ()	
FAX NUMBER: ()	
Email:	
SURVEYOR PREPARING PLAT:	
SURVEYOR ADDRESS:	
CITY, STATE, ZIP:	
PHONE NUMBER: ()	
FAX NUMBER: ()	
Email:	
Include with this application: 1) Plat fee: 2) 10 Blueline copies of each Plat 3) Title letter 4) Property Owner authorization for plat submittal (5) 3 copies of a Survey of Existing Conditions (for pr 6) Digital Copy of entire packet	

Date