



## THE COUNTY OF BURNET

BURNET, TEXAS 78611

### SUBDIVISION APPLICATION

A completed application must be received by Burnet County 30 days prior to any scheduling of preliminary plat hearings in Commissioner's Court. The application should be completed in all applicable aspects and contain required signatures from the respective entities concerned. It is the responsibilities of the developer to obtain a current set of development regulations from the County Clerk's office and to provide all materials and to follow all guidelines contained therein. Any constructions of roads or improvements for proposed developments prior to approval from the Burnet County Commissioner's Court are at the developer's own risk.

**PROPOSED NAME OF SUBDIVISION:** \_\_\_\_\_

**PUBLIC:** \_\_\_\_\_ **PRIVATE:** \_\_\_\_\_

**NAME OF PROPERTY OWNER:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**CONTACT PERSON TO APPEAR IN  
COMMISSIONER'S COURT:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**PROPOSED DEVELOPMENT LOCATION:** \_\_\_\_\_ **PROP ID:** \_\_\_\_\_

**LEGAL DESCRIPTION:** \_\_\_\_\_

**CURRENT LAND AREA IN ACRES:** \_\_\_\_\_ **CITY ETJ:** \_\_\_\_\_

**TOTAL ACREAGE OF DEVELOPMENT:** \_\_\_\_\_

**TOTAL ACREAGE OF LOTS:** \_\_\_\_\_

**LOT USE RESIDENTIAL:** \_\_\_\_\_ **COMMERCIAL/INDUSTRIAL:** \_\_\_\_\_

**TOTAL NUMBER OF LOTS:** \_\_\_\_\_ **AVERAGE LOT SIZE:** \_\_\_\_\_

**NUMBER OF LOTS < 1ACRE:** \_\_\_\_\_ **1-2 ACRES:** \_\_\_\_\_ **2-5 ACRES:** \_\_\_\_\_

**5-10 ACRES:** \_\_\_\_\_ **>10 ACRES:** \_\_\_\_\_



ROAD FRONT: COUNTY\_\_\_\_\_ STATE\_\_\_\_\_ PRIVATE\_\_\_\_\_

ESTIMATED/PROPOSED COST OF ALL INFRASTRUCTURE: \_\_\_\_\_

**WATER SUPPLY**

EXISTING WATER: \_\_\_\_\_ or NEW WATER SUPPLY: \_\_\_\_\_

PRIVATE WELLS: \_\_\_\_\_ PUBLIC WELLS: \_\_\_\_\_

WATER UTILITY SERVICE PROVIDER: \_\_\_\_\_

UTILITY REP SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SEWAGE DISPOSAL**

OSSF: \_\_\_\_\_ CLASS 1 PERMITTED: \_\_\_\_\_ PUBLIC SEWER: \_\_\_\_\_

REP SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**UTILITY CHECKLIST**

ELECTRICITY: \_\_\_\_\_ SERVICE AVAILABLE: \_\_\_\_\_

UTILITY REP SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMERGENCY SERVICES DISTRICT: \_\_\_\_\_

ESD REP SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

REP TITLE: \_\_\_\_\_

NAME OF PERSON COMPLETING FORM: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_