City of Copperas Cove

SUBDIVISION PLAT REVIEW APPLICATION

Ref. No. Type of Plat: Date:

Fee: Fee Paid ☐ Yes ☐ No

SUBDIVISION NAME:

Location:

Owner Name: Address:

Phone: Email:

Agent Name: Address:

Phone: Email:

Licensed Surveyor or Engineer Name: Address:

Phone: Email:

The undersigned hereby requests consideration by the City of Copperas Cove, Texas of the above identified plat.

Signature: Title: Date:

Review Checklist:

☐ Copies of Plat only (12)

☐ Field notes

☐ Electronic copy of plat (2006 AutoCAD or earlier)

☐ Construction plans (5 if required)

☐ Drainage plans (5 if required)

[Once approved for filing need Mylar (signed & notarized) & Tax certificates and when approved for acceptance need Improvement Guarantee (bond).]

P & Z date: _____ **Council date: _____**