

**CITY OF SHERMAN
PLAT APPLICATION**



TYPE OF REQUEST: () Master Plat () Preliminary Plat () Final Plat () Replat

Proposed Subdivision _____

Commercial () **Residential** () **Total Acres** _____ **No. of Lots** _____

General Location (nearest crossroads): _____

Legal Description:

DEVELOPER

NAME: _____

Address _____

Phone _____ **Fax** _____ **email** _____

DEVELOPER'S AGENT (Land Planner, Engineer, Surveyor):

COMPANY: _____

Address _____

Phone _____ **Fax** _____ **email** _____

LAND OWNER: _____

Address _____

Phone _____ **Fax** _____ **email** _____

I hereby certify that I am the owner of the above-described property for the purpose of this application and further certify that all information provided herein is true and correct.

Owner's signature: _____

Owner's printed name _____

In lieu of representing this request myself as owner of the subject property, I hereby authorize the person designated above as applicant to represent this request on my behalf. The applicant will be the principal contact person with the City in processing and responding to requirements, information, or issues relevant to this request.

Owner's signature: _____

Applicant's signature: _____

Office Use Only	
Date Submitted	_____
Planning and Zoning Review	_____
City Council Approval	_____
Recording Information	Volume _____ Page _____ Date Filed _____