



Final Plat Application

Project Number: _____

Case Number: _____

Proposed Subdivision Plat Name: _____

Legal Description (attached sealed Metes and Bounds): _____

Property Owner Printed Name: _____		Phone () Email	
Address	City	State	Zip

Developer (if different than Owner) Printed Name: _____		Phone () Email	
Address	City	State	Zip

Representative (if acting as Agent, see affidavit on page 2) Firm: _____ Printed Name: _____		Phone () Email	
Address	City	State	Zip

Current Zoning: _____

Reason for Platting: _____

Plat Information	Total Acreage: _____
Type: <input type="checkbox"/> Single-Family Residential <input type="checkbox"/> Multi-Family Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Extraterritorial Jurisdiction (ETJ)	
Number of Lots: _____	Number of Multi-Family Dwelling Units: _____

Submittal Information: Standard Plats must be submitted at least 20 days and a Residential Replat must be submitted at least 25 days prior to the P&Z Commission meeting at which action is desired, unless Short Form or Administrative Procedure is applicable.

Items to be submitted with this application form:

- 2 FOLDED Copies of Dimensioned Plat
- 1 Signed Mylar (or more if applicant does not request a signed reproduction)
- 1 Extra Copy (11x17)
- Digital Files (JPEG & PDF) & CADD File
- Original Tax Certificates (Midland Central Appraisal District – MCAD)
- Title Opinion/Policy (dated less than 90 days)
- Application Fee – Payable to the ‘City of Midland’
- Recording Fee – Payable to ‘Midland County Clerk’

Mylar Reproductions

This application authorizes the City to file the approved plat and associated documents with the County Clerk for recording. This application also authorizes the City to reproduce 1 mylar copy of the approved plat at the expense of the engineering firm/applicant for the City's records if needed. (Applicant can submit additional signed mylar instead of reproduction.)

- Applicant would like a reproduction made for their records
- Applicant does not want a reproduction/will make their own

Recording Fee (Payable to 'Midland County Clerk')

For plats 18" to 24" \$61.00

For plats that exceed 24" \$81.00

For related documents, \$26.00 for first page, \$4.00 for each additional page.

Signature (by property owner only – authorized agent must sign affidavit below)

Property Owner (signature):

Date:

Property Owner (printed) : _____

The Final Plat shall be considered officially received in the Planning office only when it has been submitted in full compliance with the provisions of Section 212 of the Texas Local Government Code and the Subdivision Code of Ordinances of the City of Midland and when such required items for the application are also received.

All materials, including exhibits, submitted in support of an application, or displayed during a public hearing, shall remain the property of the City of Midland.

If an agent is authorized by the property owner to file and execute the application on behalf of the property owner, the agent must complete the affidavit below.

STATE OF TEXAS
COUNTY OF MIDLAND

Before me, the undersigned authority, on this day personally appeared _____ who, being by me duly sworn, upon oath says: That (s)he is authorized by _____, the owner of the above described property, to fully represent him/her in this application and that (s)he had the legal right, power and authority to sign said owner's name hereto as his/her attorney in fact.

Authorized Agent (signature)

Subscribed and sworn to before me, this _____ day of _____, 20 ____, to certify which witness my hand and seal of office.

NOTARY PUBLIC, MIDLAND COUNTY, TEXAS

****Application will not be considered for scheduling until reviewed by a planner.****

FOR OFFICE USE ONLY

- | | | |
|---|---|--|
| <input type="checkbox"/> Property Owner Authorization | <input type="checkbox"/> 1 Copy of Dimensioned Plat | <input type="checkbox"/> Plat in Digital Format (PDF/JPEG) |
| <input type="checkbox"/> Mylar | <input type="checkbox"/> 1 Copy of Plat (11x17) | <input type="checkbox"/> CADD File |
| <input type="checkbox"/> Application Fee | <input type="checkbox"/> Title Opinion | <input type="checkbox"/> Public Improvement |
| Check # _____ | <input type="checkbox"/> Tax Certificates | Check # _____ |

Received By:

Date:

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