



# City Of Sullivan City

Phone: 956.205.7067

## SUBDIVISION PERMIT

PHYSICAL ADDRESS:		
SUBDIVISION NAME:		NUMBER OF LOTS/ACRES:
EXPECTED DATE TO START PROJECT: _____		
OWNER:		
NAME: _____ PHONE: _____		
MAILING ADDRESS: _____		
CITY/STATE/ZIP: _____		
EMAIL: _____		
DEVELOPER NAME:	ADDRESS:	TELEPHONE: (   )
ENGINEER NAME:	ADDRESS:	TELEPHONE: (   )
SURVEYOR:	ADDRESS:	TELEPHONE: (   )

PLAT TO SHOW:

METES AND BOUNDS

LOTS NUMBERED WITH DIMENSIONS AND AREA OF IRREGULAR LOTS NOTED

SURROUNDING PLATTED LOT AND/OR LOT LINES FOR UPLATTED TRACTS

NAME & DIMENSION OF ADJOINING STREET ROWS (TOTAL WIDTH & WIDTH FROM CENTERLINE)

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