



Commissioners Office  
121 E. Dallas St.  
Room 207  
Canton, TX 75103  
Phone (903) 567-2166  
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## **Application for Subdivision of Land in Van Zandt County, Texas**

**Name of Applicant:** \_\_\_\_\_

Check One:

- Owner**
- Developer**

**Name of Subdivision:** \_\_\_\_\_

**Designated Contact Person for Applicant:**

- a. Name: \_\_\_\_\_
- b. Address: \_\_\_\_\_
- c. City/Zip: \_\_\_\_\_
- d. Phone Number: \_\_\_\_\_

**Name of all Title Owner(s) of Property to be subdivided:**

- a. Name: \_\_\_\_\_
- b. Address: \_\_\_\_\_
- c. City/Zip: \_\_\_\_\_
- d. Phone Number: \_\_\_\_\_

**Van Zandt County Appraisal District tract or parcel ID Number for land to be developed:** \_\_\_\_\_

**County Precinct in which land to be developed is located:** \_\_\_\_\_

**Location of Land to be Developed**

- a. Legal/Mailing Address: \_\_\_\_\_
- b. 911 Address: \_\_\_\_\_
- c. Coordinates: \_\_\_\_\_
- d. Topo or other suitable map depicting entire area to be subdivided

**Certifications required by Subdivision Regulations:**

- a. No outstanding tax liability to County
- b. Title Owners have authorized subdivision
- c. Required fees have been paid
- d. Required number of copies of plat are provided
- e. County is authorized to review and act upon application

**Before application and plat can be considered for approval, the following approvals or certifications shall be required. It is the duty of the Applicant to obtain these approvals or certifications, and to present the same to the County Engineer/Designee not less than three business days prior to plat approval hearing.**

- a. Utility Service Approval and Certification of Ability to Provide Service for all required utilities, i.e. electric, water, sewer, telephone, cable TV etc.
- b. 911 Addressing: A letter from the County's 911 Addressing Coordinator shall be provided certifying approved names for any drives, streets, or entryways.
- c. If located in the ETJ of a municipality, certification of approval signed by appropriate representative of any city having extraterritorial jurisdiction over the area in which the MHRC is located.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_