TOWN OF CROSS ROADS
DEVELOPMENT APPLICATION

DATE: _____

APPLICATION # _____

PROJECT: _____

Completed applications will be considered received on
the due date specified on the yearly Submission Schedule.
PLEASE VERIFY MEETING DATES.

DEVELOPMENT APPLICATION

ZONE CHANGE _____ TECHNICAL SITE PLAN _____
GRADING _____ MISCELLANEOUS _____

PLEASE SPECIFY THE PRIMARY CONTACT

Land Owner Name _____ Signature _____

Applicant Name _____ Signature _____

Project Contact Mailing Address _____

Project Contact Phone _____ Email _____

Proposed Project Name _____ Location _____
Lot/Block _____ Abstract _____
DCAD ID _____
Current Zoning _____ Requested Zoning _____

SUBMISSION DOCUMENTS

Fee _____ Legal Description ☐ _____
Map ☐ _____ List of Neighbors ☐ _____
Site Plan (Commercial) ☐ _____ Stamped/Addressed Envelopes ☐ _____
Drawings (4 full, 6 half, CD) ☐ _____
OTHER (Specify) ☐ _____

1) Legal Description and plat of the subject site. Two (2) copies of field note description typed and attached on a separate sheet (plain bond paper) or the subdivision name with lot and block number.
2) Map A location map clearly showing the site in relation to adjacent streets and distance to nearest thoroughfare.
3) Filing Fee – Application Fee – Review Fee
4) Names and Addresses of legal property owners within 200 feet of property and the property ID number.
5) Stamped addressed envelopes of the property owners within 200 feet.

ADDITIONAL INFORMATION

_____
_____
_____
_____

Before submitting an application, the applicant should consult with the Town Administrator to discuss the feasibility of the request and any additional requirements.