

TOWN OF CROSS ROADS
PLATTING APPLICATION



DATE: _____

APPLICATION # _____

PROJECT: _____

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

TYPE OF PLAT

Preliminary _____ Replat _____
Final _____ Administrative/Amending _____

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 _____

Number of Lots Created _____

SUBMISSION DOCUMENTS

Fee _____ Legal Description _____

Map _____ List of Neighbors _____

Stamped/Addressed _____

Site Plan (Commercial) _____ Envelopes _____

Drawings (4 full, 2 half) _____

OTHER (Specify) _____

APPLICATION EXPLANATION

Explanation and Description of Request or Project

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