

CITY OF HIGHLAND HAVEN, TEXAS

RE-PLAT REQUEST FORM

Date: _____

Property Owner(s): Name _____ Phone # _____

Billing Address _____

City, State, Zip _____

Property Location: Lot# (s) _____

HH Street address: _____

Re-plat Requested: _____

Re-plat Fee: _____ Date: _____ Ck #: _____
Owner is responsible for all costs, including public notice, postage and filing fees.

Signature (must be property owner) _____ Date: _____

Date Preliminary Survey Received: _____ Date LCRA Approval Received: _____

FOLLOWING TO BE COMPLETED BY CITY OFFICIALS:

Request received by (City Official): _____ Date: _____

P&Z Recommendation: () Approved () Disapproved Vote: # For _____ # Against _____ Date: _____

Newspaper Name: _____ Date: _____

Area Residents Notified: _____ Date: _____

Replies Received: # For _____ # Against _____

Public Hearing Date: _____ Public Meeting Date: _____

Board of Alderman Disposition: () Approved () Disapproved Vote: # For _____ # Against _____

Reason for disapproval: _____

Date Property Owner Notified: _____

Date Recorded by Burnet County Stamped Survey Received: _____ (Final step for approval)

Re-plat Lot #(s): _____