



CITY OF LAVON LANDSCAPE PLAN APPLICATION

P.O. Box 340 120 School Rd., Lavon, TX 75166
Office (972) 843-4220 Fax (972) 843-0397

APPLICATION INFORMATION

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

LEGAL DESCRIPTION: (Lot, Block, Subdivision, or CAD Tract No, Survey, Abstract, Address)

SUBDIVISION NAME: (*approved plat is prerequisite*) _____

ZONING: _____

LEGAL OWNER OF PROPERTY INVOLVED: _____

If Applicant is NOT the Owner, Relationship to Owner: _____

I AM THE OWNER OR AGENT AUTHORIZED TO MAKE THE ABOVE STATEMENTS AND REPRESENTATIONS HEREIN ON BEHALF OF THE OWNER.

Signature: _____

Owner / Authorized Agent

_____ Date

Printed Name: _____

Owner / Authorized Agent

Title: _____

Company: _____

City Office Use Only:

	Amount:	Check #	or Cash _____
Fee paid (<i>due at time of application</i>)			
Cost plus admin fee - \$500 deposit			
Required items submitted			
Development Engineer Comments			
Development Review Committee Comments			
Comments Addressed by Applicant			
Planning & Zoning Action			
City Council Action			