



The City of West University Place STAFF REVIEW OF PLAT, REPLAT OR AMENDING PLAT

ZONING & PLANNING COMMISSION FEE SUBMITTAL

*****NOT A FORMAL APPLICATION for plat, replat, or amending plat.*****

This is an application for staff review of:

- Plat Review (Box A)
- Replat Review (Box A)
- Amending Plat Review (Box B)
- Rezoning (Box C)

Box A – Plat or Replat Only

| | | |
|------------|--|-----------|
| This is a: | Preliminary application | \$500 |
| | + \$10 for each lot and/or reserve, (\$10x ____) | _____ |
| | +\$100 newspaper notice (if required) | _____ |
| | +\$100 for each additional instrument (easements, etc.) | _____ |
| | +\$100 for each Plat Review resubmittal (Due at time of resubmission) | _____ |
| | TOTAL DUE | _____ |
| | TOTAL PAID | _____ |

Box B -Amending Plat Only

| | | |
|------------|---|-----------|
| This is a: | Preliminary application | \$200 |
| | + \$10 for each lot and/or reserve, (\$10x ____) | _____ |
| | +\$100 for each additional instrument (easements, etc.) | _____ |
| | +\$50 for each Plat Review resubmittal (Due at time of resubmission) | _____ |
| | TOTAL DUE | _____ |
| | TOTAL PAID | _____ |

Box C – Rezoning

| | | |
|--|---|-------|
| | REZONING FEE | \$500 |
| | (+additional deposit as determined by City Planner) | _____ |
| | =TOTAL REZONING FEES DUE | _____ |
| | _____ Initials of City Planner for additional deposit as required | |

Name of Applicant (s) (Print): _____
 Location of Request (Address or Subdivision name): _____
 Title of Plat (if Applicable): _____
 Address of Applicant: _____
 Telephone: _____ Fax: _____
 Email address: _____

I understand that this payment is a deposit. The actual fee is the City's actual cost for this service. The full actual cost for this service must be paid before the plat will be released to applicant. This is not an official request for plat approval at this time. I understand that this is for informal staff review.

Signature of Applicant Date _____

Initials of employee collecting deposit. Docket# _____