



304 East Criner Street / Post Office Box 425 Grandview, Texas 76050
Office: (817) 866-2699 Fax: (817) 866-2961

PLANNED DEVELOPMENT APPLICATION

Name of Project: _____ Date: ____ / ____ / ____

APPLICANT/PROJECT MANAGER'S INFORMATION (Primary contact for the project):

Name: _____ Phone Number: (____) _____

Address of Applicant: _____
Street City State Zip Code

Email Address: _____ Fax Number: (____) _____

PROPERTY OWNER'S INFORMATION:

Name: _____ Phone Number: (____) _____

Address of Applicant: _____
Street City State Zip Code

Email Address: _____ Fax Number: (____) _____

ARCHITECT OR ENGINEER'S INFORMATION:

Name: _____ Phone Number: (____) _____

Address of Applicant: _____
Street City State Zip Code

Email Address: _____ Fax Number: (____) _____

PROPERTY INFORMATION:

Location of Property: _____

Legal Description of Property: _____

Brief Description of Project: _____

Existing Zoning: _____ Existing Use: _____ Existing Acres: _____ Existing Lots: _____

Intended Use of Property: _____ Residential _____ Commercial

Number of Proposed Lots: _____ Number of Proposed Units: _____

Signature of Owner

Date

STATE OF TEXAS §
COUNTY OF JOHNSON §

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that they executed the same for the purposes and consideration therein expressed and in the capacity therein stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this ____ day of _____, 20____, A.D.

Notary Public, State of Texas