



City of Leander Planning Department
 104 North Brushy Street
 PO Box 319
 Leander, Texas 78646-0319
 Fax (512) 528-2729
www.leandertx.gov

Project Name: _____
 Submittal Date: _____
 File #: _____
 (City will assign)

SITE DEVELOPMENT PERMIT REVISION

APPLICATION & CHECKLIST

This application and checklist is provided as a service of the City of Leander. Its purpose is to assist the applicant in preparing a proposal that meets City standards so it can be expedited through the review process.

- Submit these plans to the Planning Department (512-528-2750), 104 N. Brushy St., Leander, TX.

INSTRUCTIONS

- Fill out the following application and checklist completely prior to submission.
- Use the most current form from the City's website (www.leandertx.gov) or from the Planning Department.
- Contact the Planning Department prior to submittal.

REQUIRED ITEMS FOR SUBMITTAL PACKAGE:

- ___ 1. Completed and signed application/checklist
- ___ 2. Six (6) sets of revised site development plan sheets (24" X 36" sheets) at generally accepted horizontal and vertical engineering scales. Confirm submittal number with the Planning Department. Proposed revisions clouded on site development plan sheets.
- ___ 3. Letter explaining proposed revisions.
- ___ 4. Revision block on the cover sheet including: revised page number, description of revision, City of Leander approval date, signature.

APPLICANT INFORMATION:

OWNERSHIP INFORMATION:

Property Owner: _____ Phone: _____ Fax: _____
(If property ownership is in the name of a partnership, corporation, joint venture, trust or other entity, please list the official name of the entity and the name of the managing partner.)

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Mobile: _____ Pager: _____

AGENT INFORMATION:

If an agent is representing the owner of the property, please complete the following information:

Project Agent: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Mobile: _____ Pager: _____

I hereby authorize the person named above to act as my agent in processing this application:

Owner's Signature: _____ **Date:** _____

Do Not Write Below – Staff Use Only

Accepted for Processing by: _____ Date: _____

To be reviewed by: Planning Engineering Public Works Fire Parks