



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)

LEGAL LOT DETERMINATION

APPLICATION & CHECKLIST

An appointment is required to submit a Zoning Change application. Please contact the Planning Department at 512-528-2750 to schedule an appointment.

INSTRUCTIONS

- Fill out the following application and checklist completely prior to submission.
- Use the most current application from the City's website (www.leandertx.gov) or at city hall.
- City ordinances can be obtained at our website or City Hall.

REQUIRED ITEMS FOR SUBMITTAL PACKAGE:

- ___ 1. Completed and signed application/checklist.
- ___ 2. Map/survey of the subject property
- ___ 3. Complete copy of the Owner's Current Recorded Warranty Deed
- ___ 4. Complete copy of previous warranty deed(s), recorded before the grandfather (legal tract)/exception date, with identical legal description as current deed, if current deed does not predate the applicable grandfather (legal tract)/exception date.
- ___ 5. Other information needed to complete the review including (but not limited to) street deeds, old recorded subdivision plats, or deeds for adjacent parcels.
- ___ 6. Copy of certified tax certificate
- ___ 7. Filing Fee: \$100.00

PROJECT INFORMATION:

Property Address: _____	Property Acreage: _____
Legal Description: _____	County Short ID#: _____
Subdivision Name: _____	

DEED INFORMATION:

Deed conveying tract to current owner is filed for Record in: *{if no Volume/Page, use Document No.}*

VOLUME: _____ PAGE: _____ COUNTY: _____ DATE: _____

Deed pre-dating (grandfather date or exception date) is filed for Record in:

VOLUME: _____ PAGE: _____ COUNTY: _____ DATE: _____

APPLICANT INFORMATION:

The agent is the official contact person for this project and the single point of contact. All correspondence and communication will be conducted with the agent. If no agent is listed, the owner will be considered the agent.

(Check One):

___ I, the owner, will represent this application with the City of Leander.

___ I, the owner, hereby authorize the person named below to act as my agent in processing this application with the City of Leander.

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:** _____

I hereby attest that I prepared this application / checklist and that all information shown hereon is correct and complete to the best of my knowledge.

Signature

Name (printed)

Date

Do Not Write Below – Staff Use Only

Accepted for Processing by: _____ Date: _____