



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

Project Name: \_\_\_\_\_

Submittal Date: \_\_\_\_\_

File #: \_\_\_\_\_  
 (City will assign)

# PLAT VACATE REQUEST

## 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.*

An appointment is required to submit a Plat Vacate request. 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](http://www.leandertx.gov)) or from the Planning Department.
- Place a check mark on each line if you have complied with that item. Indicate with N/A if the item does not apply to your plat. ***This checklist is only a guide. All state and local subdivision requirements cannot be reflected on this checklist.*** If there are any questions regarding subdivision regulations, the applicant should consult the source law. City ordinances can be obtained from the City of Leander at our website or at city hall.
- Please refer to the "Submittal Schedule" for submittal deadlines (<http://www.leandertx.gov>).

### REQUIRED ITEMS FOR SUBMITTAL PACKAGE:

Submit the following items to the Planning Department:

- \_\_\_ 1. Completed and signed application/checklist (see last page for signature blocks).
- \_\_\_ 2. Five (5) copies of the recorded final plat – **18" X 24" in size and collated and folded into fourths (9" x 12") with the name of the subdivision showing.**
- \_\_\_ 3. Letter requesting plat vacation and stating purpose.
- \_\_\_ 4. One 11" x 17" set of prints of the final plat.
- \_\_\_ 5. Three copies of any executed developer agreement affecting the subject plat.
- \_\_\_ 6. Copy of deed showing current ownership.
- \_\_\_ 7. Copy of certified tax certificate.
- \_\_\_ 8. Filing Fee (calculation listed below).

### FILING FEE CALCULATION:

Filing Fee:	\$ 250.00
Plus \$100 per page or portion thereof (8.5" X 11" page, 12 pt font)	\$ _____
Professional Recovery Fee*:	\$ 250.00
<b>TOTAL FEE</b> (due at the time of application submission)	<b>\$ _____</b>

**APPLICANT INFORMATION:**

**Please Note:** The signature of owner authorizes City of Leander staff to visit and inspect the property for which this application is being submitted. The signature also indicates that the applicant or his agent has reviewed the requirements of this checklist and all items on this checklist have been addressed and complied with.

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.

**(Check One):**

I, the owner, hereby request that this application be placed on the agenda for final action at the first available Planning & Zoning Commission Meeting even if I have not addressed all staff comments. I realize this could result in a disapproval of my application.

I, the owner, hereby request that this application not be placed on a Planning and Zoning Commission agenda for final action until I have addressed all staff comments.

**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: \_\_\_\_\_

*I hereby request that my property, as described above, be considered for this application and I give City Staff and elected or appointed representative's permission to visit the site described in this application. I acknowledge that I will be required to pay an engineering review fee for this project in an amount that will be determined at the end of the review period based on how much review time is required by the reviewing engineer:*

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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. I acknowledge that an engineering review fee will be required for this project in an amount that will be determined at the end of the review period based on how much review time is required by the reviewing engineer:*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Name (printed)*

\_\_\_\_\_  
*Date*

**PLAT ATTRIBUTES:**

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\_\_\_ 1. Do the lot(s) being vacated receive utility service?  YES  NO

\_\_\_ 2. Specific Services and Utility Provider(s):

Water: \_\_\_\_\_

Wastewater: \_\_\_\_\_

Electric: \_\_\_\_\_

\_\_\_ 3. Has any development occurred on the lot(s) being vacated?  YES  NO

Specify type of Development: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ 4. Have parkland fees been paid for the lot(s) being vacated?  YES  NO

\_\_\_ 5. Was a right-of-way dedicated by this plat?  YES  NO

\_\_\_ 6. Has a letter of credit been posted for the lot(s) being vacated?  YES  NO

Specify improvements for which the letter of credit was posted: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ 7. Have these improvements been completed?  YES  NO

\_\_\_ 8. Has the letter of credit been released?  YES  NO

\_\_\_ 9. Have any improvements been made in any easements that were recorded as a part of this subdivision?

Specify improvements for which the letter of credit was posted: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Do Not Write Below – Staff Use Only***

Accepted for Processing by: \_\_\_\_\_ Date: \_\_\_\_\_