



**CITY OF JOSHUA
APPLICATION FOR PLANNING AND DEVELOPMENT
817-558-7447 / Fax 817-641-7526**

(Please Print)

Date of Application:			
Property Location:			
Subdivision:	Block:	Lot:	
Current Zoning/Use:	Requested Zoning/Use:		
Utility Service Provider:	Electric:	Gas:	Water:

(Please check the appropriate box below. A metes and bounds description must be attached if the request is for a portion of a platted lot or the property is not platted.)

<input type="checkbox"/> Zoning Change	<input type="checkbox"/> Re-Plat	<input type="checkbox"/> Concept Plan	<input type="checkbox"/> Conditional Use Permit
<input type="checkbox"/> Preliminary Plat	<input type="checkbox"/> Amended Plat	<input type="checkbox"/> Development Plat	<input type="checkbox"/> Variance
<input type="checkbox"/> Final Plat	<input type="checkbox"/> Minor Plat	<input type="checkbox"/> Vacating Plat	<input type="checkbox"/> Other

PROPERTY OWNER INFORMATION

Name:		Cell Phone:	
Address:		Work Phone:	
City/State/Zip:		Phone:	
Fax Number:		Email:	
Contact Name:		Owner Signature:	

APPLICANT/DEVELOPER INFORMATION

Name:		Cell Phone:	
Address:		Work Phone:	
City/State/Zip:		Phone:	
Fax Number:		Email:	
Contact Name:		Applicant Signature:	

ENGINEER INFORMATION

Name:		Cell Phone:	
Address:		Work Phone:	
City/State/Zip:		Phone:	
Fax Number:		Email:	
Contact Name:		Engineer Signature:	

SURVEYOR INFORMATION

Name:		Cell Phone:	
Address:		Work Phone:	
City/State/Zip:		Phone:	
Number:		Email:	
Contact Name:		Surveyor Signature:	