

**Planning & Development Services Department**

550 Landa Street

New Braunfels, Texas 78130

(830) 221-4041 [www.newbraunfels.gov](http://www.newbraunfels.gov)**Master Plan Minor Revision Application**

**Changes that exceed Sec. 118-22(h)(1) will be considered a major revision and must be processed as a NEW Master Plan application.**

**General:**

1	Approved Master Plan Name							
2	Nearest Street Intersection or Address							
3	Date Plan Approved		Approval Body	Planning Commission			Staff	
4	Approved waiver(s) associated with the master plan?				NO		YES	
5	If YES, list approved waiver case number(s)							
	Plat section(s) waived							
6	Total Acreage							
7	Number of Maximum Proposed Lots							
	Res		Comm.	Park		Drainage		Open Space

**Boundaries:**

8	City Limits			IN				OUT	
9	County			Comal				Guadalupe	
10	School District	CISD		NBISD				Other	
11	Adjacent TxDOT Roadway <sup>1</sup>	NO		YES		Road Name			
12	Utility District	NBU		GVEC				GBRA	
		Green Valley		Clear Springs				Other	

**Application Fee Schedule: Fees to Plat**

Required Fees: 50% of original master plan application fee. Staff will notify Applicant of total amount due.

Notification of completeness status along with payment amount due will be emailed to the Applicant by 12:00 p.m. the Thursday after the deadline. Payment must be made by 12:00 p.m. the Friday after the deadline.

Incomplete or late payments will result in rejection of the application submittal. See page 3 for calendar deadline dates.

**Required Attachments:**

NAME DOCUMENT FILES AS THE ARE LISTED IN BOLD BELOW	
<b>Application</b> (completed and signed by owner)	
<b>Revised Master Plan</b>	
<b>Letter of Explanation</b>	
<b>Redlined Master Plan</b>	
<b>Master Plan Approval Letter</b>	

**Property Owner Authorization:**

As the property owner of the Proposed Subdivision, I hereby authorize City of New Braunfels' staff to visit and inspect the subject property for which this application is being submitted.

Additionally, I have reviewed the Subdivision Application Instructions, the requirements of this application and related checklist(s), and hereby confirm all required materials demonstrating compliance with city codes and regulations are attached.

	I will represent my application before City Staff and/or Planning Commission as the Applicant
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**OR**

	I will represent my application before City Staff and/or Planning Commission as the Applicant
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Owners Signature		Date	
Owners Name (printed)		Phone #	
Mailing Address (City, State, Zip)			
E-Mail Address			

**Authorized Agent Statement:**

**Please Note:** The signature of the Authorized Agent confirms the Authorized Agent has reviewed the Plat Application Instructions, requirements of this application and related checklist(s) and hereby confirms all required materials are attached demonstrating compliance with city codes and regulations.

Authorized Agent Signature		Date	
Agents Name (printed)			
Company		Phone #	
Mailing Address (City, State, Zip)			
E-Mail			