



Town of Argyle Concept Plan Application

PLEASE PRINT

Date of Application:

Property Location:

Lot: Block: Subdivision:

Current Zoning / Use: Requested Zoning / Use:

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

Property Owner information

Name: Owner Signature:

Address: Work Phone:

City/State/Zip: Phone:

Fax: Email:

Contact Name: Contact Number:

Applicant / Developer Information

Name: Applicant Signature:

Address: Work Phone:

City/State/Zip: Phone:

Fax: Email:

Contact Name: Contact Number:

Engineer Information

Name: Engineer Signature:

Address: Work Phone:

City/State/Zip: Phone:

Fax: Email:

Contact Name: Contact Number:

Surveyor Information

Name: Surveyor Signature:

Address: Work Phone:

City/State/Zip: Phone:

Fax: Email:

Contact Name: Contact Number:

FOR OFFICE USE ONLY

Date Received: Application Fee:

of Signs: P&Z Date: Town Council Date:

Employee: Application Filed:

Cash / Check # / CC: