

TOWN OF CROSS ROADS  
DEVELOPMENT APPLICATION



DATE: \_\_\_\_\_

APPLICATION #: \_\_\_\_\_

PROJECT: \_\_\_\_\_

**Before submitting an application, the applicant should consult with Town Staff to discuss the feasibility of the request and any additional requirements.**

**Applications are only received on the dates listed on the Submission Schedule.**

**DEVELOPMENT APPLICATION**

\_\_\_\_\_ Zone Change    \_\_\_\_\_ Technical Site Plan    \_\_\_\_\_ Grading    \_\_\_\_\_ Miscellaneous

Land Owner Name \_\_\_\_\_ Signature \_\_\_\_\_

Owner Mailing Address \_\_\_\_\_

Owner Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

Applicant Name \_\_\_\_\_ Signature \_\_\_\_\_

Project Contact Mailing Address \_\_\_\_\_

Project Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

Proposed Project Name \_\_\_\_\_ Location \_\_\_\_\_

Abstract, Lot, Block \_\_\_\_\_ DCAD ID \_\_\_\_\_

Current Zoning \_\_\_\_\_ Requested Zoning \_\_\_\_\_

Number of Lots \_\_\_\_\_ Acres \_\_\_\_\_

**REQUIRED SUBMISSION DOCUMENTS**

1. Filing Fee; see page 6 of Master Fee Schedule.
2. Legal Description and plat of the subject site typed and attached separately or the subdivision name with lot and block number.
3. Map - A location map clearly showing the site in relation to adjacent streets and distance to nearest thoroughfare.
4. Site Plan (Commercial)
5. Drawings: one full, two 11x17
6. Electronic copy of all the above; this may be sent by email on submission day.

**ADDITIONAL INFORMATION**

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**Town of Cross Roads**

**3201 US 380, STE 105 • Cross Roads, Texas 76227 • 940.365.9693**

**PROFESSIONAL SERVICES DEPOSIT INFORMATION**

All submissions requiring the services of the Town Civil Engineer and/or the Town Attorney, including, but not limited to platting, construction plans and planned development applications, will be required to place a Professional Services Deposit at the time of project submission per Town of Cross Roads Code of Ordinances, Chapter 10, Article 9 FILING FEES AND CHARGES:

**Sec. 10.09.001 Fee structure**

- (a) The town shall determine the base fees and charges for plat review. The town council shall adopt a fee schedule.
- (b) Fees shall be charged on all plats, regardless of action taken by the planning and zoning commission and whether the plat is approved or denied by the town council.
- (c) If the amount deposited is less than the actual cost of reviewing and processing the plat, the balance shall be collected before final consideration of the plat. An administrative fee equal to fifteen percent (15%) of the total of the application fee and processing costs in excess of the original fee will be charged.
- (d) The town may also assess against the applicant, developer or subdivider additional costs incurred by the town for engineering fees and legal fees associated with the review and consideration of a plat in the amount incurred by the town. The payment of these additional fees shall be a condition of plat approval or a prerequisite to the acceptance of any improvements or the issuance of any building permits.

**Sec. 10.09.002 Procedure**

All fees or charges shall be paid in advance and no action of the planning and zoning commission or any other board or agency shall be valid until the fee or charge has been paid to the town.

Applicants will be billed monthly for any professional services incurred in the previous month. The professional services deposit made at time of submission will be in an amount as indicated on the Town’s fee schedule and will be used towards the last invoice incurred for the project. Applicant will be billed if last invoice exceeds the Professional Services Deposit. Any remaining balance upon project and invoice completion will be refunded to the applicant.

**PROFESSIONAL SERVICES CONTACT INFORMATION**

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

I have read and acknowledge the Professional Services Deposit Process.

\_\_\_\_\_  
Applicant’s Signature \_\_\_\_\_  
Date

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**Town of Cross Roads’ Use Only** Date completed application received: \_\_\_\_\_

Amount Deposited: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Professional Services Deposit Number: \_\_\_\_\_