City of El Campo
315 E Jackson St
El Campo Texas 77437
979.541.5000
City Home Page

SITE PLAN APPLICATION

Planning Department

APPLICATION SUBMITTAL: *Applications will be conditionally accepted on the presumption that the information, materials and signatures are complete and accurate. If the application is incomplete or inaccurate, your project may be delayed until corrections or additions are received.*

Project Location: _____

Submittal Type

☐ Site Plan ☐ Revised Site Plan ☐ Landscape/Irrigation Plan ☐ Building Facade/Elevation Plan ☐ Screening Wall/Fence Plan

Project Type

Existing City Zone: _____ ☐ Single Family Residential ☐ Multi-Family Residential ☐ Business/Office ☐ Commercial/Industrial

Applicant Information

Applicant

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Email: _____

Property Owner

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Email: _____

Engineer/Surveyor (if applicable)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Email: _____

This is to certify that the information on this form is COMPLETE, TRUE, and CORRECT and the under signed is authorized to make this application. I understand that submitting this application does not constitute approval, and incomplete applications will result in delays and possible denial.

_____

Signature of Applicant Date

_____

Signature of Owner Date