

WWS- LC1

Date received: _____

Rcvd by: _____

For office use only

This application and any additional documentation must be submitted to:

205 Westwood Dr. E.

Trinity, TX 75862

Email: dbarak@westwoodshorespoa.com

Fax: 936-594-7062



LOT CONSOLIDATION APPLICATION

Property Owner Information:

Name(s): _____

Legal Description: Lot(s) _____ Block _____ Section _____

Property Address: _____

Mailing Address: _____

Home Phone: _____ Cell: _____ Other: _____

Email 1: _____ Email 2: _____

REQUIRED DOCUMENTATION FOR INITIAL APPLICATION

Each Application must include the following (Your application will not be deemed complete until these items are received.):

- Two (2) completed and signed applications
- Pictures of the completed structure which meets the criteria for lot consolidation.

Owner's Signature: _____

*These may be combined.