WWS

Date received: _____

Rcvd by: _____

For office use only

This application and any additional documentation must be submitted to:
100 Westwood Dr.
Trinity, TX 75862
Email: acc@westwoodshorespoa.com
Fax: 936-594-7062

LOT CONSOLIDATION APPLICATION

Property Owner Information:

Name(s): _____

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

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.