



Waller County Road & Bridge Department

775 Bus 290 E – Hempstead TX 77445
979-826-7670 www.co.waller.tx.us

\$1,000.00 Fee

APPLICATION - MAJOR THOROUGHFARE PLAN/MAP AMENDMENT

This form is used to request an amendment to Waller County Major Thoroughfare Plan/Map. Any amendment granted will only be applicable to the specific site and conditions for which the amendment was granted, and will modify or change Waller County Major Thoroughfare Plan/Map.

The applicant must clearly demonstrate that the amendment request meets minimum acceptable engineering and safety standards. The applicant must also clearly demonstrate that the amendment is not detrimental to the health, safety, and welfare of the public.

Instructions: Complete all fields below. Additional sheets may be attached, however, a summary of your responses must be included in the spaces provided below. Simply stating "see attached" is considered insufficient information.

PROPERTY OWNER INFORMATION	APPLICANT INFORMATION
Name:	Name:
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
Email:	Email:
Phone:	Phone:

Address of Property	Property ID #	Acreege
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PLEASE PROVIDE THE FOLLOWING:

- Major Thoroughfare Plan/Map showing existing and proposed changes.
- Map showing existing and proposed changes, with shapefiles.

AMENDMENT REQUEST OVERVIEW & JUSTIFICATION

Note the specific route(s) to which this amendment is being requested. Describe why the County's Major Thoroughfare Plan/Map can't be met and what the proposed deviation will achieve. (Attached additional sheets if more room is needed.)

OWNER/APPLICANT CERTIFICATION & ACKNOWLEDGEMENT

The owner and applicant declare under the penalty of perjury, and any other applicable state or federal law, that all information provided on this form and submitted attachments are true, factual, and accurate. The owner and applicant also hereby acknowledge any false misleading information contained herein is grounds for variance denial and/or permit revocation.

Printed Owner/Applicant Name	Signature Owner/Applicant	Date
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OFFICE USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	NOTES
Waller County Commissioner Prct 1 2 3 4 Date	
Waller County Judge Date	

OFFICE USE ONLY Payment: Cash _____ Check _____ # _____ CC _____ ID # _____