



City of Leander Planning Department  
 104 North Brushy Street  
 PO Box 319  
 Leander, Texas 78646-0319  
 Fax (512) 528-2729  
[www.leandertx.gov](http://www.leandertx.gov)

Project Name: \_\_\_\_\_  
 Submittal Date: \_\_\_\_\_  
 File #: \_\_\_\_\_  
 (City will assign)

# VOLUNTARY ANNEXATION

## APPLICATION & CHECKLIST

PLEASE SCHEDULE AN APPOINTMENT WITH THE PLANNING DEPARTMENT TO SUBMIT THIS APPLICATION:

**Ellen Pizalate**  
 Planning Technician  
 512-528-2750  
[epizalate@leandertx.gov](mailto:epizalate@leandertx.gov)

**Robin Griffin**  
 Planner  
 512-528-2763  
[rgriffin@leandertx.gov](mailto:rgriffin@leandertx.gov)

### INSTRUCTIONS

- Fill out the following application and checklist completely prior to submission.
- Use the most current application from the City's website ([www.leandertx.gov](http://www.leandertx.gov)) or at city hall.
- City ordinances can be obtained at our website or City Hall.

### REQUIRED ITEMS FOR SUBMITTAL PACKAGE:

- \_\_\_ 1. Letter requesting annexation, signed and dated by all property owners and including the following:
  - a. The name of the property owner(s)
  - b. The street address of the property
  - c. Tax appraisal district property ID number(s)
- \_\_\_ 2. Map of the subject property
- \_\_\_ 3. A legal description of the property (including a survey, field notes or legal description – subdivision, lot, and block)
- \_\_\_ 4. Filing Fees (calculation listed below)

### FILING FEE CALCULATION:

Filing Fee:	\$ 200.00
Professional Recovery Fee	\$ 250.00
<b>TOTAL FEE (due at the time of application submission)</b>	<b>\$450.00</b>

### PROPERTY INFORMATION:

Property Address: \_\_\_\_\_ Property Acreage: \_\_\_\_\_  
 Legal Description: \_\_\_\_\_ County Short ID#: \_\_\_\_\_

**APPLICANT INFORMATION:**

**Please Note:** The signature of owner authorizes City of Leander staff to visit and inspect the property for which this application is being submitted. The signature also indicates that the applicant or his agent has reviewed the requirements of this checklist and all items on this checklist have been addressed and complied with.

The agent is the official contact person for this project and the single point of contact. All correspondence and communication will be conducted with the agent. If no agent is listed, the owner will be considered the agent.

**(Check One):**

\_\_\_ I, the owner, will represent this application with the City of Leander.

\_\_\_ I, the owner, hereby authorize the person named below to act as my agent in processing this application with the City of Leander.

**OWNERSHIP INFORMATION:**

**Property Owner:** \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
*(If property ownership is in the name of a partnership, corporation, joint venture, trust or other entity, please list the official name of the entity and the name of the managing partner.*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_ Pager: \_\_\_\_\_

*I hereby request that my property, as described above, be considered for voluntary annexation and I give City Staff and elected or appointed representative's permission to visit the site described in this application:*

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AGENT INFORMATION:**

If an agent is representing the owner of the property, please complete the following information:

**Project Agent:** \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_ Pager: \_\_\_\_\_

*I hereby authorize the person named above to act as my agent in processing this application:*

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I hereby attest that I prepared this application / checklist and that all information shown hereon is correct and complete to the best of my knowledge.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Name (printed)*

\_\_\_\_\_  
*Date*

**Do Not Write Below – Staff Use Only**

Accepted for Processing by: \_\_\_\_\_ Date: \_\_\_\_\_