



City of San Antonio  
Development Services  
Subdivision Section

# REQUEST FOR REVIEW

TO: \_\_\_\_\_ Date \_\_\_\_\_

FROM: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER # \_\_\_\_\_

ITEM NAME: \_\_\_\_\_ FILE # \_\_\_\_\_

RE: \_\_\_\_\_

**SUBJECT:** The attached item has been submitted for your review, recommendation, and or comment to the Planning Commission or Director. Please review and forward your response to the **CONSULTANT OF RECORD**. Return response as soon as possible, but no later than the date shown below. Response time will commence from the date of receipt of this request or receipt of all the items your agency requires for this review. "Days" represents calendar days.

Please Return By: \_\_\_\_\_, 200 \_\_\_\_\_

- Minor Plat-10 days       Major Plat-50 days       Amending Plats – 10 days
- Plat deferral-30 days       Variance-15 days       Other-15 days

I recommend approval       I do not recommend approval

On \_\_\_\_\_, I notified \_\_\_\_\_, the engineer/  
subdivider/agent, of the corrections needed to remove this objection. Tel # \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date