City of San Antonio
Development Services Department
Land Entitlements Section

REQUEST FOR REVIEW

Date:_____

TO:_____

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:_____, **20**_____

☐ **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**