



Modification Structure Application

Lake Conroe Division

License Number: _____ MCAD Parcel: _____ Date: _____

Name of Applicant: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Land/Subdivision: _____ Lot: _____ Block: _____ Section: _____

Site Address: _____ City: _____ State: _____ Zip: _____

Constructed By: _____ Phone: _____

For Staff Use Only:

Customer Compliant: _____ Subdivision Approval Required: _____ Approved: _____

Contract Compliance Verified: ☐

Existing Sq. Ft. on file: _____ Additional/New Sq. Ft. : _____ Total New Sq. Ft.: _____

Note:

☐ Approved ☐ Denied

Date: _____

By: _____