



APPLICATION FOR COMPREHENSIVE PLAN or ZONING MAP OR ORDINANCE TEXT CHANGE

Comp Plan Amendment Fee	\$400.00
Rezoning Map Amendment Fee	\$400.00
Special Use Permit (SUP)	\$400.00
Total Fees Submitted	\$_____

Comprehensive Plan Amendment _____ Zoning Change _____ (Please indicate by checking each line where appropriate) **PROPERTY INFORMATION**

Applicant Name (printed): _____

Address (printed): _____

Name of Property Owner (printed): _____

Lot: _____ Block: _____ Subdivision: _____

Current Zoning: _____ Proposed Zoning: _____

Guided Future Land Use :(current) _____ (proposed) _____

What is the proposed use of the property? _____

Describe the character and/or nature of uses of surrounding property.

Will the re-zoned designation be compatible with the classification and use of adjoining lands? Yes No

If No, how do you propose to reduce any adverse impacts?

Is the tract unsuitable for uses permitted under the present zoning classification? Yes No

If No, why are you requesting a change in the Permitted or Special Uses?

OWNER/APPLICANT INFORMATION:

Land Owner's Signature: _____ Email: _____

Applicant's Signature: _____ Email : _____ Phone: _____

REQUIRED SUBMITTALS:

<input type="checkbox"/>	Completed application signed by the owner and/or applicant
<input type="checkbox"/>	Copy of a deed with metes and bounds
<input type="checkbox"/>	Permission letter from owner, if applicable
<input type="checkbox"/>	Copy of contract to purchase the property, if applicable
<input type="checkbox"/>	If Planned Development or a Specific Use Permit requested, include also: Copy of a preliminary site plan

I have carefully read the complete application and know the same is true and correct. I hereby agree to comply with all provisions of local, State, and Federal Laws whether herein specified or not. I certify that I am the owner of the above property or his duly authorized agent.

Signed: _____ Address: _____

Print Name: _____ Phone Number: _____

Date: _____ Email: _____

SWORN TO AND SUBSCRIBED BEFORE ME this _____ day of _____, 20__.

Notary Public, State of Texas