



APPLICATION FOR ZONING CHANGE/DEVELOPMENT PLAN APPROVAL/SPECIFIC USE PERMIT

Please check the appropriate box below to indicate the type of request you are making and provide all information required to process your request.

Zoning Change Development Plan Approval Specific Use Permit

Plat

NOTE: Failure to obtain final approval on this case within six months may constitute denial or withdrawal of this case by City Council or Staff without refund of fees.

REQUEST INFORMATION : _____

Location: _____

Subdivision _____ Lot No. _____ Block No. _____ Size of Request _____

Existing Zoning _____ Requested Zoning/Use _____

*A metes and bounds description must be attached if the request is for;

(A) a portion of a platted lot or (B) not a platted lot.

APPLICANT/OWNER INFORMATION: _____

Key Contact _____ Telephone No. _____ Fax No. _____

City _____ State _____ Zip _____

Contact's Status Check one Owner Representative

Tenant Prospective Buyer

The owner's signature is required on this application

This is to certify that; I/We the undersigned, am/are the sole owner(s) of the property described above on the date of this application.

Owner (please print) _____ Signature _____

Address _____ Telephone No. _____

City _____ State _____ Zip Code _____

Corporation/Partnership /Owner _____

Address _____ Telephone No. _____ Fax No. _____

City _____ State _____ Zip Code _____

FOR OFFICE USE ONLY:

Case No: _____ Fee: _____ Date: _____ P&Z Hearing: _____

Zoning Map: _____ Tax Map: _____ Traffic Study Waiver: _____

Drainage Study Waiver Date: _____