

**APPLICATION FOR A
ZONING CHANGE/SPECIFIC USE REQUEST
TO THE PLANNING AND ZONING COMMISSION
CITY OF PALESTINE, TEXAS**

FEE: \$150.00

DATE: _____ **FILE NO.** _____

LEGAL DESCRIPTION OF PROPERTY: _____

(If more space is needed, use additional sheets and attach)

LOCATION OR ADDRESS OF PROPERTY: _____

OWNER OF PROPERTY:

OWNER'S ADDRESS:

CURRENT ZONING CLASSIFICATION: _____

DESIRED ZONING CLASSIFICATION: _____

REASON FOR DESIRED ZONING CLASSIFICATION: _____

CURRENT STATUS OF DEVELOPMENT AND EXISTING IMPROVEMENTS: _____

GENERAL: _____

SUPPLEMENTAL INFORMATION:

A. DEED RESTRICTIONS:

1. **EXISTING:** YES NO
(If YES, attach copy)

2. **PROPOSED:** YES NO
(If YES, attach copy)

B. TIME OF DEVELOPMENT: _____

C. CURRENT STATUS OF PLANNING: _____

(Continued on next page)

D. MAPS AND EXHIBITS – ATTACH

E. OWNER AND APPLICANT SIGNATURES

**Signature of Applicant
(Authorized Signature)**

**Applicant's Status with Reference
to this property**

Name of Applicant (Typed or Printed)

(Address)

OWNER AUTHORIZATION AND ACKNOWLEDGEMENTS

1. I hereby certify that I am the owner or duly authorized agent of the owner, of the subject property for the purposes of this application.

2. I hereby designate the person named above as applicant, if other than myself, to file this application and to act as the principal contact person with the City of Palestine in processing this application.

Owner

Phone Number

Address

Signature

**THE STATE OF TEXAS §
COUNTY OF ANDERSON §**

I, the herein named Applicant, hereby certify that I am an owner or an authorized agent of an owner of the property described in this application.

SWORN TO AND SUBSCRIBED before me, this the _____ day of _____

NOTARY PUBLIC, in and for

County, Texas