



ZONING CHANGE APPLICATION

PROPERTY DESCRIPTION (LOCATION OF ZONING CHANGE REQUEST)

Address (if available): _____

Subdivision Name, Lot, Block): _____

ACAD Block and Tract #: _____

Deed Restrictions: Yes (Attach a copy with the application) No

Current Zoning: _____ Proposed Zoning: _____

Current Use of Property: _____

Proposed Use of Property: _____

PROPERTY OWNER INFORMATION

Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Check one of the following:

As the owner of the property, I will represent the application; or

I designate _____ to act as my agent to submit this application.

I acknowledge that all of the information provided in the application is true and correct to the best of my knowledge. Furthermore, I am the legal owner of the property described in the application or, alternatively, that I am authorized to represent all of the owners of the property described in this application.

Owner's or Authorized Representative's Signature : _____

State of _____

County of _____

On this _____ day of _____, _____, before me, the undersigned notary public, personally appeared _____, known to me to be the person whose name (s) is /are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

Notary Seal

Notary Public