



Planning & Zoning Department
415 W. University Dr.
(956) 388-8202

ZONE CHANGE APPLICATION

1. Name: _____ Phone No. _____

2. Mailing Address: _____

City: _____ State: _____ Zip _____

Email Address: _____ Cell No. _____

3. Agent: _____ Phone No. _____

4. Agent's Mailing Address: _____

City: _____ State: _____ Zip _____

5. Email Address: _____

6. Address/Location being Rezoned: _____

7. Legal Description of Property: _____

8. Zone Change: From: _____ To: _____

9. Present Land Use: _____

10. Reason for Zone Change: _____

(Please Print Name)

Signature

AMOUNT PAID \$ _____

RECEIPT NUMBER _____

PUBLIC HEARING DATE (PLANNING & ZONING COMMISSION) – 4:00 P.M.: _____

PUBLIC HEARING DATE (CITY COUNCIL) – 6:00 P.M.: _____

(NOTE: BOTH MEETINGS ARE HELD AT THE CITY COUNCIL CHAMBERS)

ZONING CHANGE REQUIREMENTS

The following items are required to be submitted with the application:

