



Planning & Zoning Department

ZONE CHANGE APPLICATION

TODAY'S DATE: \_\_\_\_\_

- 1. Name: \_\_\_\_\_ Phone No. \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_ City/St \_\_\_\_\_ Zip \_\_\_\_\_
3. Agent: \_\_\_\_\_ Phone No. \_\_\_\_\_
4. Agent's Mailing Address: \_\_\_\_\_ City/St \_\_\_\_\_ 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 \_\_\_\_\_

NOTE: IF ACREAGE PROPERTY IS INVOLVED, THEN A SURVEY ALONG WITH A METES AND BOUNDS DESCRIPTION IS REQUIRED.

FILING FEE: \$200.00 FOR THE FIRST 100 FEET OF FRONTAGE AND \$50.00 FOR EVERY 100 FEET ADDITIONAL OR FRACTION THEREOF (IF CORNER LOT, ADD BOTH DIMENSIONS) (FEE IS NON-REFUNDABLE) DELIVER APPLICATION AND FILING FEE TO THE PLANNING & ZONING DEPARTMENT, 415 W. UNIVERSITY DR. OR MAIL TO P. O. BOX 1079, EDINBURG, TX 78541-1079.

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 COUNCIL ROOM)

