

**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)**

