



Application for Property Rezoning or Specific Use Permit

THERE IS A \$300.00 **NON-REFUNDABLE** FILING FEE.

Name of Agent _____ Phone _____

Address _____

Name of Owner _____ Phone _____

Address _____

Property Description: _____

Address _____

Subdivision _____ Block _____ Lots _____

Plat of Area Attached _____ Metes and Bounds Attached _____

APPLICATION CHECKLIST:

CHECK ONE: PROPERTY REZONING SPECIFIC USE PERMIT

___ IF SPECIFIC USE PERMIT IS BEING APPLIED FOR PLEASE ATTACH A DETAILED DESCRIPTION OF THE USE THAT IS PROPOSED.

___ IF A PROPERTY REZONING IS BEING APPLIED FOR PLEASE LIST THE REZONE REQUEST THAT IS BEING PROPOSED. _____

___ SITE PLAN (TO SCALE)

___ SURVEY AND METES & BOUNDS DESCRIPTION

___ CURRENT TAX RECEIPTS (TAX OFFICE LOCATE AT 300 CAMPBELL, 281-593-8415)

___ TITLE REPORT (IF LAND WAS PURCHASED WITHIN THE LAST 60 DAYS)

___ NON-REFUNDABLE APPLICATION FEE \$300.00

Applicant's Certificate

I affirm that my statements contained in the Application are true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT

DATE



***** Office Use Only *****

Amount Paid: _____ Payment Method: _____ Receipt Number: _____

Present Zone: _____ Zone Requested: _____

Public Hearing: _____

Informal Discussion: _____

Purpose Requested: _____

Submitted to Planning and Zoning Commission: YES NO Date: _____

Approved: _____ Denied: _____ Other: _____

Comments: _____

Public Hearing Scheduled with City Council: YES NO Date: _____

Approved: _____ Denied: _____ Other: _____

Comments: _____

Final Disposition: _____

