

**COMMUNITY SERVICES DEPARTMENT**

12002 Hwy 6, Santa Fe, TX 77510

PO Box 950

Phone (409) 925-6412

www.ci.santa-fe.tx.usgargentine@santafetx.gov**Re-Zoning Permit****This form may be emailed, mailed, or submitted in person.**

Applicant Name:		Applicant Mailing Address:	
Phone:		E-mail Address:	
Property Address:		Legal Description:	Subdivision: (if any)
Property Tax ID:		Lot Size:	
Current Zoning District:		Proposed Zoning District Change:	
Change of Use: (circle one) Yes No		Previous Use:	
Proposed Use: (if applicable)			
Type of Use: (circle one) Residential or Commercial			
Services On-Site:	Water/Sewer	Water/Septic	Well/Septic
Further Explanation of Above Areas: (if applicable)			
I, the applicant, understand and acknowledge that if the zoning permit is not approved in the pre-development phase, the application must proceed to a public hearing before the Planning and Zoning Commission. Upon approval or denial by the Planning and Zoning Commission, application will be subject to approval or denial by City Council. Submission of this application does not guarantee approval or denial by the above-mentioned boards. Denial by City Council will result in denial of application. Fees will not be refunded upon approval or denial of application. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specific herein or not. _____ Applicant Signature _____ Date		For Office Use Only: Pre-Development Meeting: _____ Zoning Application Fee: _____ Paid: _____ Comp Plan F.L.U.P Compliant: Yes No C.S. Director Recommendation: _____ Planning and Zoning Date: _____ Planning and Zoning Result: Approved/ Denied City Council Date: _____ City Council Result: Approved/ Denied	