SAN BENITO
THE SOUL OF SOUTH TEXAS
PLANNING DEPARTMENT

400 N. Travis Street
San Benito, TX 78586

(956) 361-3800 (ph.)
(956) 361-3810 (fax)

APPLICATION FOR REZONING

APPLICANT INFORMATION (Please **PRINT** or **TYPE**)

Name _____

Address _____

City _____ State _____ Zip _____

Phone No. (____) _____ Fax No. _____

E-mail _____

PROPERTY INFORMATION (Please **PRINT** or **TYPE**)

Owner of Property _____

Address of Property _____

City _____ State _____ Zip _____

Legal Description of Property: Lot _____, Block _____

Subdivision _____

Existing Zoning _____ Proposed Zoning _____

Existing Land Use _____ Proposed Land Use _____

REQUIREMENTS

~$350.00 (non-refundable)

~Survey and Metes & Bounds / Recorded Plat

~Tax Certificates (City, School)

~Warranty Deed

Please provide a basic description of the proposed project: _____

_____

_____

I hereby certify that I have read and examined this application and know the same to be true and correct. If any of the information provided on this application is incorrect, the permit or approval may be revoked.

Applicant's Signature _____ Date _____

Property Owner(s) Signature _____ Date _____

Revised 10/8/25