CITY OF KILGORE, TEXAS
ZONING APPLICATION

INFORMATION FOR COMPLETING PETITION REQUESTING REZONING

A. All zoning is by ordinance and only the City Council has the authority to adopt or to change an ordinance. The Council has assigned the study of zoning and rezoning to the City Planning and Zoning Commission, which will make recommendations to the Council. If the Commission recommends this request for rezoning, it will not be effective until it is passed by the City Council.

B. All requests must be filed in the Planning & Zoning Department located at 815 North Kilgore Street, A filing fee must be received with the completed application form.

D. Please have a representative present at all public hearings. The applicant has the duty to produce evidence before the Planning and Zoning Commission and City Council to justify the proposed zoning change. This generally requires a showing that conditions affecting the property have substantially changed since the last zoning classification decision of the City.

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FEE SCHEDULE

- ZONING

ZONING REQUEST - $300.00

- SPECIAL USE PERMIT - $300.00

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Case Number:_____________________________ Date Received:_____________________

Deadline Date_____________________________ Receipt No.:__________Amount:_____________

P&Z Commission Date:_______________ Signed By:________________________________

City Council Date ___________________________

PART I:

A. Requesting: (One Check per Application)

[ ] General Zoning Change
[ ] Special Use Permit (SUP)
[ ] SUP Renewal

B. Description & Location of Property:

1. Lot, Block and Addition (if applicable):_____
2. Property Address or Location:_____
3. Frontage in depth:_____
4. Depth in feet:_____

PRESENT ZONING		**PROPOSED ZONING**		
CLASSIFICATION	**AREA (ACREAGE)**	**CLASSIFICATION**	**AREA (ACREAGE)**	**DWELLING UNITS/ACRE (if applicable)**

C. Reason(s) for Request (please be specific):_____

_____

_____

D. **Statement Regarding Restrictive Covenants/Deed Restrictions**

I have searched all applicable records and, to my best knowledge and belief, there are no restrictive covenants that apply to the property as described in Part I(B) which would be in conflict with this rezoning request.

_____ None _____ Copy Attached

PART II:

A. Authorization of Agent:

I (we), the undersigned, being owner(s) of the real property described above, do hereby authorize *(please print name)*_____to act as our agent in the matter of this request. The term agent shall be construed to mean any lessee, developer, option holder, or authorized individual who is legally authorized to act in behalf of the owner(s) of said property. (Application must be signed by all owners of the subject property).

(Please print all but signature)

Owner(s) Name:_____ Owner(s) Name: _____

Address:_____ Address: _____

City, State, Zip:_____ City, State, Zip: _____

Phone: _____ Phone: _____

Signature:_____ Signature: _____

Email:_____ Email:_____

Authorized Agent's Name:_____ Signature: _____

Address:_____ City, State, Zip:_____

Phone: _____ Email_____

PLEASE PROVIDE A MAP OF THE LOCATION AND A SITE PLAN (IF NEEDED) FOR THE PROPERTY THAT IS BEING REZONED.