City of Whitehouse
101A Bascom Rd.
Whitehouse, TX 75791
(903) 510-7516
E: jhooter@whitehousetx.org

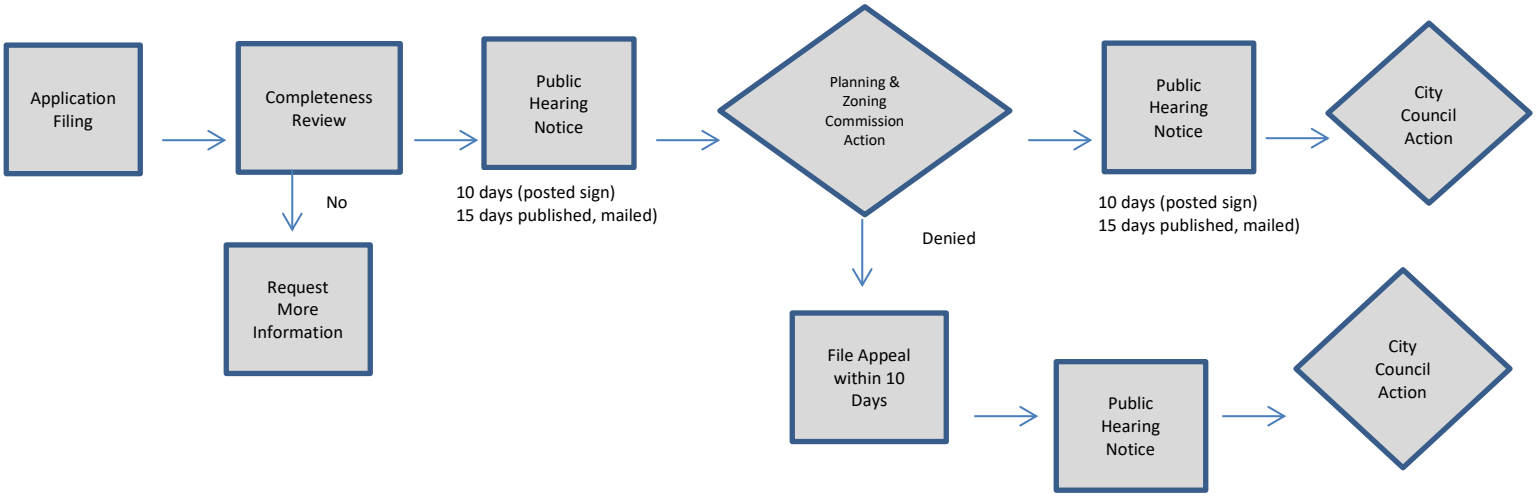
ZONING APPLICATION

PROCESS

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 to the City Planning and Zoning commission, which will make recommendations to the Council. If the Commission recommends a request for rezoning, it will not be effective until it is passed by the City council. The rezoning process normally requires a period of sixty (60) days.

B. All requests must be filed at City Hall located at 101A Bascom Road, Whitehouse, TX. A filing fee of $350 must be received with the completed application form. The applicant must also post a zoning notification sign provided by the Planning Department along with a $20 refundable deposit upon return of the sign. The sign must be placed in the front yard of the subject property no later than seven days after the application has been submitted. If the sign is not posted in the required time frame, the application process will cease and the applicant will be required to reapply.

C. 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.



OFFICE USE ONLY

Zoning Application Received: _____

Zoning Application Filing Fee Received: _____

Sign Deposit Fee

Receipt No.:_____ Amount:

APPLICATION

A. Requesting: (One Check per Application)

☐ General Zone Change

☐ Special Use Permit (SUP)* Include fully dimensioned site plan

☐ SUP Renewal

☐ Amendment to Planned Development

B. Description & Location of Property:

1. Lot, Block and Addition (required): _____

2. Property Address of Subject Location (required): _____

PRESENT ZONING	PROPOSED ZONING
CLASSIFICATION _____	CLASSIFICATION _____
OVERLAY (IF APPLICABLE) _____	OVERLAY (IF APPLICABLE) _____
AREA (ACREAGE) _____	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

AUTHORIZATION OF AGENT

A. 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: _____

SUPPORTING INFORMATION

A. PLEASE PROVIDE A MAP OF THE LOCATION TO BE REZONED