



APPLICATION FOR ZONING CHANGE

NAME OF APPLICANT(S): _____

Address: _____

Phone: _____ Email: _____

NAME OF OWNER(S): _____

Address: _____

Phone: _____ Email: _____

PROPERTY INFORMATION:

(a) Address: _____

(b) Description of general location including all boundaries: _____

(c) Have you attached a survey or plat? Yes ____ No ____

(d) Have you attached a deed or metes and bounds description? Yes ____ No ____

(e) Is the property within the town limits of New Hope? Yes ____ No ____

If not, have you filed a plat application with the Town? Yes ____ No ____

(f) Is a plat of the property on file with the Town and County Clerk? Yes ____ No ____

If not, have you filed a plat application with the Town? Yes ____ No ____

ZONING:

(a) What is the current zoning of the property? _____

(b) What is the current use of the property? _____

(c) What zoning classification is requested? _____

(d) What is the proposed use of the property? _____

(e) Why is a zoning change necessary? _____

(f) Does the proposed zoning comply with New Hope's land use plan? Yes ____ No ____

(g) Will the property be improved if this request is granted? Yes ____ No ____

If yes, describe planned improvements and estimated construction dates: _____

I, the undersigned Applicant(s), hereby certify that the above information is true and correct.

Applicant Signature Date: _____

Applicant Signature Date: _____

RECEIVED on _____, 20____, by the Town Secretary of the Town of New Hope, Texas.

Town Secretary

REFERRED on _____, 20____, to the Chair of the New Hope Planning and Zoning Commission.

Town Secretary

Please return this completed form with any necessary documentation and the required fee to:

**Town of New Hope
121 Rockcrest Road
New Hope, TX 75071-4103**

or contact the Town Secretary at secretary@newhopetx.gov for drop-off instructions.

For Town Use Only:

Fee Received on: _____ ☐ Cash ☐ Check # _____
Date