# CITY OF PORT ISABEL

## *Request to Place Item on The Planning & Zoning Agenda*

*NAME:* _____

*MAILING ADDRESS:* _____

*TELEPHONE:* _____ *FAX:* _____

***Request the following to be placed on the Planning & Zoning Agenda, which meeting is to be held on _____, 20_____.***

*STREET ADDRESS* _____
*LOT NO.* _____ *BLOCK NO.* _____
*SUBDIVISION* _____
*LOT SIZE* _____ *NO. OF DWELLING UNITS* _____
*TYPE OF OCCUPANCY* _____

***This request is in regards to my property, above described, for the following:***

1. ***Zoning Classification from*** _____
   ***to*** _____
2. ***Replatting:*** _____
   _____
3. ***Other:*** _____

☐ *Attached is a plat showing existing and proposed construction.*
☐ *Attached is a map showing vacated plat and proposed plat.*

***NOTICE:*** *If a Public Hearing is necessary, I understand that a* ***$200.00*** *fee is required. In addition, I agree to pay all other applicable fees and / or additional expenses incur by this request.* ( ) ***$200.00*** *is herewith enclosed.*

_____ ***Print name:*** _____

***Signature*** ***Date:*** _____

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