

**CITY OF EAGLE PASS
PLANNING & ZONING COMMISSION
APPLICATION FOR ZONING CHANGE**

1. Applicant: _____ Date: _____

Address: _____ Tel. No.: _____
(Physical address and Telephone No. where you can be reached)

2. Agent or Attorney: _____

Address: _____ Tel. No.: _____

3. Zoning Request: From _____ To _____

4. Legal Description of Property: _____

5. Present Use of Land: _____

6. Proposed Development/Reasons for Change of Zoning Request:

7. Status of Applicant: (If other than owner, attach written authorization from owner).

a.) Owner _____

b.) Trustee _____
(List name of individuals for whom the property is held in trust)

c.) Corporation _____

(List names and titles of officers and names of boards of directors)

d.) If application is made by someone other than the above, please indicate relationship between applicant and owner, if any, or the capacity in which the applicant is submitting the application (Ex.: prospective purchaser, tenant, relative, etc.) _____

The following minimum requirements must be submitted along with this application:

1.) **A map of the subject property as it appears in the records of the Maverick County Court House with dimensions of subject tract and showing all streets or public ways within 200' of subject tract.**

2.) **The location of all tracts of land and ownership within at least 200' of the subject tract as it appears in the records of the Appraisal District.**

3.) **A copy of the warranty deed and subdivision restrictions for subject property as recorded in the Maverick County Court House.**

4.) **A fee of \$150.00 (Paid on _____ Receipt No. _____)**

Applicant's Signature

===== FOR OFFICE USE ONLY =====

Date Approved/Disapproved by Planning & Zoning Commission: _____

Date Approved/Disapproved by City Council: _____
(Third reading of the Ordinance)