

Project Name: _	
•	
Submittal Date:	

ZONING CHANGE /VARIANCE/CONDITIONAL USE

APPLICATION & CHECKLIST

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- Fill out the following application and checklist completely prior to submission.
- Use the most current application from the City's website (www.cityofjarrell.com) or at City Hall.
- City ordinances can be obtained at City Hall or by emailing the City Secretary at secretary@cityofjarrell.com.

REQUIRED ITEMS FOR SUBMITTAL PACKAGE:
1. Completed application form with owner's original signature.
2. a. Tax map(s) highlighting the subject property and showing the line extending 200 feet from property.
b. List of property owners names and addresses from the county appraisal district (<u>www.wcad.org</u>) within 200 feet of the
perimeter of the tract (include the tract being re-zoned) and
c. One set of mailing labels for notification of adjacent owners from (b) above.
3. The Public Hearing Signage document at the end of this checklist is signed and dated.
4. Letter of intent explaining requested zoning change. Include statements supporting request.
5. Field notes, dimensioned map or subdivision name with lot and block describing all proposed zoning districts.
6. Prepare an 8½" x 11" hard copy color map including the area of the requested zoning change and surrounding areas within
1,000'. The zoning map can be found at www.cityofjarrell.com under community development tab. Draw the boundary of your
request on the maps with a black marker and label the zoning district(s) requested.
7. A physical description of the property including slopes or other topographic conditions, tree cover (extent and type), waterways,
existing structures and any unique features of the site.
8. Copy of the deed showing current ownership.
9. Tax certificates or other evidence that all applicable property taxes have been paid for the subject property.
10. Rezoning Fees (calculation listed below).

FILING FEE CALCULATION:

\$350.00 (Zoning Ch	nange)		+ \$
\$175.00 (Variance) \$175.00 (Condition	al Use)		+ \$ + \$
Staff Use Only:	Check No	Additional Check No	
TOTAL FEI	E (due at the tin	ne of application submission):	\$

PROPERTY INFORMATION: Property Address: Property Acreage: _____ Legal Description: County Short ID#: CURRENT ZONING: ____ PROPOSED ZONING: APPLICANT INFORMATION: Please Note: The signature of owner authorizes City of Jarrell staff to visit and inspect the property for which this application is being submitted. The signature also indicates that the applicant or his agent has reviewed the requirements of this checklist and all items on this checklist have been addressed and complied with. The agent is the official contact person for this project and the single point of contact. All correspondence and communication will be conducted with the agent. If no agent is listed, the owner will be considered the agent. (Check One): _____ *I, the owner, will represent this application with the City of Jarrell.* _____I, the owner, hereby authorize the person named below to act as my agent in processing this application with the City of Jarrell. OWNERSHIP INFORMATION: _____ Phone:____ Fax: (If property ownership is in the name of a partnership, corporation, joint venture, trust or other entity, please list the official name of the entity and the name of the managing partner.) City: State: Zip: Address: Mobile: Pager: I hereby request that my property, as described above, be considered for rezoning and I give City Staff and elected or appointed representative's permission to visit the site described in this application: Owner's Signature: Date: _____ **AGENT INFORMATION:** If an agent is representing the owner of the property, please complete the following information: Project Agent: Phone: Fax: Address: City: State: Zip: Email: Mobile: Pager: I hereby authorize the person named above to act as my agent in processing this application: Date: ____ Owner's Signature: I hereby attest that I prepared this application/checklist and that all information shown hereon is correct and complete to the best of my knowledge. Signature Name (printed) Date

Do Not Write Below – Staff Use	Only
Accepted for Processing by:	Date:
Date of Public Hearing before Planning & Zoning Commission:	City Council:

PUBLIC HEARING SIGNAGE REQUIREMENTS

		NOTICE SIGNAGE IN ACCORDANCE
WITH THE FOLLOWING RULES (AN A	FFIDAVII IS ENCLOSED).	
Signature	Name (printed)	Date
of the Planning & Zoning meeting and	the City Council meeting. These sigroperty at least 15 days prior to the me	n notifying the public of the dates and times as must be visible on the property for both eting dates, but not more than 30 days prior
The yellow public hearing signs are to leavelopment and at intervals not to exce		acent to all roadways at each corner of the
Please write the following information o approximately 3/8 of an inch thick, and le		of ink with letters a minimum of 1-1/2" tall,
	Proposed	
	'PROJECT TYPE'	
(i.e. Concept Plan, F	reliminary Plat, Re-Zone, Special	Use Permit, Variance)
	FOR	
'PROJEC	T NAME & FILE # – SPECIFIC	REQUEST'
	PUBLIC HEARING	
DATES/TIM	ES:	

The owner or owner's agent is required to sign the attached affidavit indicating that signs will be posted in accordance with these Public Hearing Signage Requirements. Staff will check to determine if the signage is posted in accordance with requirements. Failure to post public hearing signage in accordance with requirements will result in invalid public notice and the applicant will be required to pay for new public notices, letter notices and signage fees and proceed through the notification again.

Do Not Write Below– Staff Use Only
SIGNS ARE TO BE POSTED NO EARLIER THAN:
SIGNS ARE TO BE POSTED NO LATER THAN:
PLANNING &ZONING MEETING IS:
CITY COUNCIL MEETING IS: