



City of Jarrell
 161 Town Center Blvd.
 Jarrell, Texas 76537
 Fax (512) 746-4593
www.cityofjarrell.com

Project Name: _____

Submittal Date: _____

ZONING CHANGE /VARIANCE/CONDITIONAL USE

APPLICATION & CHECKLIST

INSTRUCTIONS

- 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 Planner at j.moyer@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 (www.wcad.org) 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 Change)	+ \$ _____
\$175.00 (Variance)	+ \$ _____
\$175.00 (Conditional Use)	+ \$ _____

Staff Use Only: Check No. _____ Additional Check No. _____

TOTAL FEE (due at the time 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:

Property Owner: _____ 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.)

Address: _____ City: _____ State: _____ Zip: _____
Email: _____ 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:

Owner's Signature: _____ **Date:** _____

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: _____

