



P.O. Box 369 (Mail)
303 E. Pecan Dr. (Physical)
Johnson City, TX 78636
830.868.7111 (Phone)
830.868.7718 (Fax)

Application Date: _____

ZONING AMENDMENT APPLICATION CHAPTER 14

NAME OF APPLICANT: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

STATUS OF APPLICANT:

OWNER: _____

AGENT: _____ (IF AGENT, ATTACH LETTER OF AUTHORIZATION.)

PROPERTY DESCRIPTION

PHYSICAL ADDRESS: _____

LEGAL DESCRIPTION: _____

CURRENT ZONING: _____ PROPOSED ZONING: _____

DEED RESTRICTIONS PROHIBITING PROPOSED ZONING: _____

EXISTING USE: _____ PROPOSED USE: _____

LAND AREA: _____ DOES OWNER OWN ADJACENT PROPERTIES? Yes _____ No _____

PURPOSE OF REQUEST: _____

I hereby certify that I have read and examined this application and know the information I have provided to be true and correct. All provision of laws and ordinances governing this application will be complied with, whether specified herein or not. The granting of this zoning amendment or change does not presume to give authority to violate or cancel the provisions of any other local law regulating the use of the property.

Applicant's Signature

Date

Office Use Only: