



**ZONING CHANGE APPLICATION**

*(512) 398-3461 • FAX (512) 398-3833  
P.O. Box 239 • Lockhart, Texas 78644  
308 West San Antonio Street*

**APPLICANT/OWNER**

APPLICANT NAME _____	ADDRESS _____
DAY-TIME TELEPHONE _____	_____
FAX _____	_____
OWNER NAME _____	ADDRESS _____
DAY-TIME TELEPHONE _____	_____
FAX _____	_____

**PROPERTY**

ADDRESS OR GENERAL LOCATION \_\_\_\_\_

LEGAL DESCRIPTION (IF PLATTED) \_\_\_\_\_

SIZE \_\_\_\_\_ ACRE(S)      LAND USE PLAN DESIGNATION \_\_\_\_\_

EXISTING USE OF LAND AND/OR BUILDING(S) \_\_\_\_\_

PROPOSED NEW USE, IF ANY \_\_\_\_\_

**REQUESTED CHANGE**

FROM CURRENT ZONING CLASSIFICATION \_\_\_\_\_

TO PROPOSED ZONING CLASSIFICATION \_\_\_\_\_

REASON FOR REQUEST \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **SUBMITTAL REQUIREMENTS**

IF THE APPLICANT IS NOT THE OWNER, A LETTER SIGNED AND DATED BY THE OWNER CERTIFYING THEIR OWNERSHIP OF THE PROPERTY AND AUTHORIZING THE APPLICANT TO REPRESENT THE PERSON, ORGANIZATION, OR BUSINESS THAT OWNS THE PROPERTY.

NAME(S) AND ADDRESS(ES) OF PROPERTY LIEN-HOLDER(S), IF ANY.

IF NOT PLATTED, A METES AND BOUNDS LEGAL DESCRIPTION OF THE PROPERTY.

APPLICATION FEE OF \$\_\_\_\_\_ PAYABLE TO THE CITY OF LOCKHART AS FOLLOWS.

One lot or a parcel ¼ acre or less	\$125
Two lots or a tract ¼ to one acre	\$150
Tract one acre or greater	\$170 plus \$20.00 per acre over one acre

TO THE BEST OF MY KNOWLEDGE, THIS APPLICATION AND ASSOCIATED DOCUMENTS ARE COMPLETE AND CORRECT, AND IT IS UNDERSTOOD THAT I OR ANOTHER REPRESENTATIVE SHOULD BE PRESENT AT ALL PUBLIC MEETINGS CONCERNING THIS APPLICATION.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## **OFFICE USE ONLY**

ACCEPTED BY \_\_\_\_\_

RECEIPT NUMBER \_\_\_\_\_

DATE SUBMITTED \_\_\_\_\_

CASE NUMBER ZC - \_\_\_\_\_ - \_\_\_\_\_

DATE NOTICES MAILED \_\_\_\_\_

DATE NOTICE PUBLISHED \_\_\_\_\_

PLANNING AND ZONING COMMISSION MEETING DATE \_\_\_\_\_

PLANNING AND ZONING COMMISSION RECOMMENDATION \_\_\_\_\_

CITY COUNCIL MEETING DATE \_\_\_\_\_

DECISION \_\_\_\_\_