

CITY OF
Lockhart
TEXAS

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 _____	_____
E-MAIL _____	_____
OWNER NAME _____	ADDRESS _____
DAY-TIME TELEPHONE _____	_____
E-MAIL _____	_____

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 \$250, PLUS \$150 PER ACRE, MAXIMUM OF \$10,000, PLUS ADDITIONAL \$1,000 FOR PLANNED DEVELOPMENT DISTRICT.

APPLICATION FEE OF \$_____ PAYABLE TO THE CITY OF LOCKHART.

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 _____