



FOR OFFICE USE ONLY	
CASE NO.: _____	FILING FEE RECEIPT NO.: _____
SUBMITTAL DATE: _____	INITIAL: _____

GENERAL REZONING APPLICATION

APPLICATION IS NOT VALID WITHOUT COMPLETION OF ALL PAGES AND SIGNATURES

MINIMUM SUBMITTAL REQUIREMENTS:

- Zoning Application Fee.
- Application provided by City of Amarillo completed in full. This application must be used and may not be adjusted or altered. Please attach pages if additional information is provided.
- Metes and bounds description, map(s), and/or Legal description

Subdivision Name/Proposed Subdivision Name: _____	Unit#
I request the rezoning of Lot(s) _____ Block(s) _____ of _____ Addition, in Section _____, Block _____, _____ Survey, _____ County, Texas to change from _____ Zoning District to _____ Zoning District.	
Tax I.D. No.: _____ Total Acreage: _____	
Land Use: (Existing) _____ (Proposed) _____	

Property Owner(s): _____
Firm Name (if applicable): _____
Address: _____
Telephone: (____) _____ Email: _____

Owner's Surveyor (If applicable)
Firm Name (if applicable): _____
Address: _____
Primary Contact Name: _____
Telephone: (____) _____ Email: _____
Secondary Contact Name: _____
Telephone: (____) _____ Email: _____

CERTIFICATION
I hereby certify that the above information and any attached documents are true and correct to the best of my knowledge.
Owner's Printed Name: _____
Owner's Signature: _____ Date: _____
If applicable:
Surveyor's Printed Name: _____
Surveyor's Signature: _____ Date: _____
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MAIN CONTACT PERSON RESPONSIBLE FOR APPLICATION (ONLY CHECK ONE)

Owner (Main contact person responsible for application)

Representing this request as an owner of the subject property. As the Owner, I shall be the principle contact person with the City in processing and responding to requirements, information, and/or issues relative to this case.

Owner(s) Name(s) Printed Signature of Owner(s) Date

Owner's Agent (Main contact person responsible for application)

In lieu of representing this request as an owner of the subject property, I hereby authorize the person designated as agent to act in the capacity as my agent for the application, processing, representation, and/or presentation of this request. The designated agent shall be the principle contact person with the City in processing and responding to requirements, information, and/or issues relative to this case.

Agent's Name Printed Signature of Agent Date

NOTARIZED SIGNATURE IS REQUIRED WHEN OWNER DESIGNATES AGENT

Before me, the undersigned authority, on this day personally appeared _____
(Owner(s) Name) known to me to be the persons whose name is subscribed to the above and foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration expressed and in the capacity stated.

Given under my hand and seal of office on this _____ day of _____, 20_____.

Signature Date

Typical Zoning Process:

Notice of Public Hearing of this application will be published in the newspaper and otherwise distributed as required by law. The applicant or his representative should be present at all hearings to answer any questions concerning the application.

Following consideration by the Planning & Zoning Commission, one of the following actions will be taken:

- Deny proposed Zoning
- Continue the public hearing pending further study
- Approve and recommend to the City Council

If approval is recommended, two public hearings will be held before the City Council, with the first public hearing normally held 8 days after the Planning & Zoning Commission hearings.