

**Office Use Only:**

Filing Fee Received: _____

Receipt No.: _____

APPLICATION FOR REZONEPlainview Planning and Zoning Commission
901 Broadway Street
Plainview, TX 79072**Applicant** _____
(Please Print)**For** _____

Street/Post Office Box

Street/Post Office Box

City

State

Zip

City

State

Zip

Telephone

Telephone

Location or Address: _____**Legal Description:** _____**Existing Land Use:** _____ **Existing Zoning:** _____**Acreage or Square Footage of Property:** _____**Acreage or Square Footage of Building:** _____**Zoning Requested:** _____**State the Planned Use of the Property:** _____**This Application for Rezoning must include the following:**

- Applicant must provide six (6) copies of a site plan as defined in Section 3 of the Zoning Ordinance.
- Applicant must provide a plan of off-street parking facilities in accordance with Section 31 of the Zoning Ordinance. If no off-street parking is provided, applicant must show other parking facilities. (*if applicable*)
- If the applicant is not the owner of the property, you must provide an affidavit from owner giving consent for the proposed rezoning of the said property. (*This form will be provided, if applicable*)
- An application fee of \$420.00 is due at the time the application is submitted.
- If the property has not previously been platted, an application for approval of the preliminary plat shall be filed with the application. (*This form will be provided, if applicable*)

By signing below, applicant understands that this is only an application for rezoning of said property and certifies that the foregoing descriptions and statements are true and correct to the best of their knowledge and belief.

Applicant's Signature_____
Date