Application for Zoning Verification

Engineering & Planning Department

APPLICATION REQUIREMENTS: The applicant is required to submit sufficient information that adequately describes the location of the property on which the request is made. **There is a $25.00 application fee that must be paid at time of submission or the application will not be processed.**

TIME: The initial review will be done within approximately 21 days of submittal of a complete application.

Applicant

Name:_____ Title:_____

Mailing Address:_____ City:_____ State:_____

Zip:_____

Phone: (____) _____ Fax: (____) _____ Email:_____

Property Owner

Name:_____ Title:_____

Mailing Address:_____ City:_____ State:_____

Zip:_____

Phone: (____) _____ Fax: (____) _____ Email:_____

Physical Location of Property:_____

[Address or General Location – approximate distance to nearest existing street corner]

Legal Description of Property:_____

[Survey/Abstract No. and Tracts; or platted Subdivision Name with Lots/Block]

HCAD Identification Number:_____ Acreage:_____

Current Use of Property:_____

Information Requested: (Please Check)

☐ Zoning District

☐ Uses Permitted

☐ Other: Please specify any other information to be contained in the verification letter

_____
_____
_____
_____
_____

This is to certify that the information on this form is COMPLETE, TRUE, and CORRECT and the under signed is authorized to make this application. I understand that submitting this application does not constitute approval, and incomplete applications will result in delays and possible denial.

X_____
Signature of Applicant   **Date**

X_____
Signature of Owner   **Date**