



PO Drawer 400 • 2665 San Angelo • Ingleside, TX 78362
Phone: 361-776-3815 - building@inglesidetx.gov

REQUEST FOR ZONING CHANGE

Date Filed: _____ Receipt #: _____

Applicant Name: _____

Address: _____

Phone No.: _____

Email Address: _____

Applicant Status: (check one) Individual () Trust () Partnership () Corporation ()

Property Owner Name (if different): _____

Address: _____

Phone No.: _____

Email Address: _____

Legal description of property to be rezoned:

Lot: _____ Blk: _____ Subdivision: _____

Lot Size: _____ Ft X _____ Ft Acres: _____

Street Frontage Location: _____

Address of Property: _____

Present Zoning Classification: _____

Requested Zoning Classification: _____

I CERTIFY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT. I ALSO UNDERSTAND THAT ATTENDANCE IS MANDATORY, EITHER BY MYSELF OR A REPRESENTATIVE, AT ALL HEARINGS, BOTH PLANNING AND ZONING AND THE CITY COUNCIL, FOR THIS REQUEST TO BE CONSIDERED. I ALSO UNDERSTAND THAT FAILURE TO ATTEND WILL RESULT IN TERMINATION OF PROCESS AND RE-APPLICATION WILL BE REQUIRED.

Planning & Zoning Public Hearing: _____ Time: 6:00 p.m.

City Council Public Hearing: _____ Time: 6:30 p.m.

2nd Reading @ City Council: _____ Time: 6:30 p.m.

Signature of Applicant: _____ Date: _____

Signature of Owner: _____ Date: _____

Staff Checklist:

Accepted By: _____ Date Accepted: _____ Filing Fee: _____ Date Paid: _____