



City of McAllen

Planning Department

APPLICATION FOR ZONING CHANGE

1300 Houston Avenue
 McAllen, TX 78501
 P. O. Box 220
 McAllen, TX 78505-0220
 (956) 681-1250
 (956) 681-1279 (fax)

Project	<p>Legal Description _____</p> <p>Subdivision Name _____</p> <p>Street Address _____</p> <p style="text-align: center;">Number of lots _____ Gross acres _____</p> <p>Existing Zoning _____ Existing Land Use _____</p> <p>Proposed Zoning _____ Proposed Land Use _____</p> <p><input type="checkbox"/> \$225.00 non-refundable filing fee</p> <p><input type="checkbox"/> Survey and Metes and Bounds if the legal description of the tract is a portion of a lot</p>
Applicant	<p>Name _____ Phone _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p>
Owner	<p>Name _____ Phone _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p>
Authorization	<p>To the best of your knowledge are there any deed restrictions, restrictive covenants, etc. which would prevent the utilization of the property in the manner indicated?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I certify that I am the actual owner of the property described above and this application is being submitted with my consent (include corporate name if applicable) OR I am authorized by the actual owner to submit this application and have attached written evidence of such authorization.</p> <p>Signature _____ Date _____</p> <p>Print Name _____ <input type="checkbox"/> Owner <input type="checkbox"/> Authorized Agent</p>
Office	<p>Accepted by _____ Payment received by _____ Date _____</p> <p>REVISED 12/06</p>



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ZONING SUMMARY

OFFICE USE ONLY

Street Address _____ Applicant's Name _____

Engineering	Initials _____ Date _____
Fire	Initials _____ Date _____
Inspection	Initials _____ Date _____
Planning	Initials _____ Date _____
Public Works	Initials _____ Date _____
Utilities	Initials _____ Date _____
Traffic Safety	Initials _____ Date _____

Parcel ID # _____ Case # _____	Staff Recommendation _____ Approval <input type="checkbox"/> Disapproval <input type="checkbox"/>	Planning & Zoning Recommendation _____ Date _____ Approval <input type="checkbox"/> Disapproval <input type="checkbox"/>	City Commission Action _____ Date _____ Approval <input type="checkbox"/> Disapproval <input type="checkbox"/>
Complies with <input type="checkbox"/> Does not comply <input type="checkbox"/> City Plan with City Plan	Date Petition Submitted _____ Percentage of Property Owners _____	Ordinance # _____ Effective Date _____	

Planning & Zoning Commission Action _____ _____ _____ _____ _____	
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