



City of McAllen

Planning Department

APPLICATION FOR ZONING CHANGE

311 North 15th Street
 McAllen, TX 78501
 P. O. Box 220
 McAllen, TX 78505-0220
 (956) 681-1250
 (956) 681-1279 (fax)

Project	Legal Description _____ _____ Subdivision Name _____ Street Address _____ Number of lots _____ Gross acres _____ Existing Zoning _____ Existing Land Use _____ Proposed Zoning _____ Proposed Land Use _____ <input type="checkbox"/> \$500.00 non-refundable filing fee <input type="checkbox"/> Survey and Metes and Bounds if the legal description of the tract is a portion of a lot
Applicant	Name _____ Phone _____ Address _____ City _____ State _____ Zip _____
Owner	Name _____ Phone _____ Address _____ City _____ State _____ Zip _____
Authorization	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? <input type="checkbox"/> Yes <input type="checkbox"/> No 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. Signature _____ Date _____ Print Name _____ <input type="checkbox"/> Owner <input type="checkbox"/> Authorized Agent
Office	Accepted by _____ Payment received by _____ Date _____ 02/13



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

Planning & Zoning Commission Action _____ _____ _____ _____ _____ _____	
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