



ZONING CHANGE APPLICATION

(512) 398-3461 • FAX (512) 398-3833
P.O. Box 239 • Lockhart, Texas 78644
308 West San Antonio Street

APPLICANT/OWNER

APPLICANT NAME _____ ADDRESS _____
DAY-TIME TELEPHONE _____
E-MAIL _____
OWNER NAME _____ ADDRESS _____
DAY-TIME TELEPHONE _____
E-MAIL _____

PROPERTY

ADDRESS OR GENERAL LOCATION _____
LEGAL DESCRIPTION (IF PLATTED) _____
SIZE _____ ACRE(S) LAND USE PLAN DESIGNATION _____
EXISTING USE OF LAND AND/OR BUILDING(S) _____
PROPOSED NEW USE, IF ANY _____

REQUESTED CHANGE

FROM CURRENT ZONING CLASSIFICATION _____
TO PROPOSED ZONING CLASSIFICATION _____
REASON FOR REQUEST _____

SUBMITTAL REQUIREMENTS

IF THE APPLICANT IS NOT THE OWNER, A LETTER SIGNED AND DATED BY THE OWNER CERTIFYING THEIR OWNERSHIP OF THE PROPERTY AND AUTHORIZING THE APPLICANT TO REPRESENT THE PERSON, ORGANIZATION, OR BUSINESS THAT OWNS THE PROPERTY.

NAME(S) AND ADDRESS(ES) OF PROPERTY LIEN-HOLDER(S), IF ANY.

IF NOT PLATTED, A METES AND BOUNDS LEGAL DESCRIPTION OF THE PROPERTY.

APPLICATION FEE OF \$ _____ PAYABLE TO THE CITY OF LOCKHART AS FOLLOWS:

1/4 acre or less	\$125
Between 1/4 and one acre	\$150
One acre or greater	\$170 plus \$20.00 per each acre over one acre

TO THE BEST OF MY KNOWLEDGE, THIS APPLICATION AND ASSOCIATED DOCUMENTS ARE COMPLETE AND CORRECT, AND IT IS UNDERSTOOD THAT I OR ANOTHER REPRESENTATIVE SHOULD BE PRESENT AT ALL PUBLIC MEETINGS CONCERNING THIS APPLICATION.

SIGNATURE _____

DATE _____

OFFICE USE ONLY

ACCEPTED BY _____

RECEIPT NUMBER _____

DATE SUBMITTED _____

CASE NUMBER ZC - _____ - _____

DATE NOTICES MAILED _____

DATE NOTICE PUBLISHED _____

PLANNING AND ZONING COMMISSION MEETING DATE _____

PLANNING AND ZONING COMMISSION RECOMMENDATION _____

CITY COUNCIL MEETING DATE _____

DECISION _____