

APPLICATION & CHECKLIST – ZONING CHANGE

Zoning: _____
(Name of Owner) (Submittal Date)

INSTRUCTIONS:

- Fill out the following application and checklist completely prior to submission.
- Place a check mark on each line when you have complied with that item.
- Use the most current application from the City’s website at www.cityofkyle.com or at City Hall. City ordinances can be obtained from the City of Kyle.

REQUIRED ITEMS FOR SUBMITTAL PACKAGE:

The following items are required to be submitted to the Planning Department in order for the Zoning Application to be accepted.

- ___ 1. Completed application form with owner’s original signature.
 - ___ 2. Number of property owners to be notified: _____
A computer printout from the appraisal district listing property owners located within 200’ of the boundaries of the subject property, and from that a location map and key showing the notification boundaries and numbered key listing the names and mailing addresses of those to be notified.
 - ___ 3. Application fee: \$150, plus \$3.00 per acre or portion thereof.
- Total Fee:** _____
- ___ 4. A map or plat showing the area being proposed for rezoning.
 - ___ 5. A clear and legible copy of field notes (metes and bounds) describing the tract (when not a subdivided lot).
 - ___ 6. Certified Tax certificates: County ___ School ___ City ___
 - ___ 7. Copy of Deed showing current ownership.

1. Zoning Request:
Current Zoning Classification: _____
Proposed Zoning Classification: _____
Proposed Use of the Property: _____
Acreage/Sq. Ft. of Zoning Change: _____

2. Address and Legal Description:
Provide certified field notes describing the property being proposed for rezoning.
Provide complete information on the location of the property being proposed for rezoning.
Street Address: _____
Subdivision Name/Lot & Block Nos.: _____

Property Recording Information: Hays County

3. Ownership Information:

Name of Property Owner(s): _____

(If property ownership is in the name of a partnership, corporation, joint venture, trust or other entity, please list the official name of the entity and the name of the managing partner.)

Address of Owner: _____

Phone Number: _____

Fax Number: _____

Email Number: _____

I hereby request that my property, as described above, be considered for rezoning:

Signed: _____

Date: _____

4. Agent Information:

If an agent is representing the owner of the property, please complete the following information:

Agent's Name: _____

Agent's Address: _____

Agent's Phone Number: _____

Agent's Fax Number: _____

Agent's Mobile Number: _____

Agent's Email Number: _____

I hereby authorize the person named above to act as my agent in processing this application before the Planning and Zoning Commission and City Council of the City of Kyle:

Owner's Signature: _____

Date: _____

*Do Not Write Below This Line
Staff Will Complete*

Tax Certificates: County School City

Certified List of Property Owners Within 200'

All Fees Paid: Filing/Application Mail Out Costs

Attached Map of Subject Property

Accepted for Processing By: _____ Date: _____

Date of Public Notification in Newspaper: _____

Date of Public Hearing Before Planning and Zoning Commission: _____

Date of Public Hearing Before City Council: _____