



NAVARRO COUNTY PLANNING & DEVELOPMENT

Stanley Young - Director
Osha Joles -911 Addressing
Scott Wiley – Environmental Services

601 N. 13th Street Suite 1
Corsicana, Texas 75110

Phone: (903) 875-3312

Fax: (903) 875-3314

APPLICATION FOR A ZONING DISTRICT CHANGE

Name of applicant: _____
Address: _____
City, state, zip code: _____
Phone number: _____

Address or location where zoning change is being requested: (a survey plat or deed with property description must be attached) _____

Current zoning classification: _____
Proposed zoning classification: _____
Proposed use of property: _____
Reason for zoning change: _____

Name of property owner: _____
Address: _____
City, state, zip code: _____
Phone number: _____

In lieu of representing this request myself as owner of the subject property, I hereby authorize the person designated below, to act in the capacity as my agent for the application, processing, representation and/or presentation of this request. Must be accompanied by attached affidavit.

I understand that it is necessary for me or my authorized agent to be present at the Planning and Zoning Commission public hearing.

Signature of Owner: _____

Signature of Agent: _____

Address of Agent: _____

Phone number of Agent: _____



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Date of Planning and Development Hearing: _____
Date of Commissioners Court Hearing: _____
Case Number: _____ Fee: _____ \$150.00

This request will not be scheduled for public hearing until the attached application is completed, the fee paid and returned to the office of Planning and Development.

Application must be accompanied by a list of all property owners within 200 feet of the boundaries of subject tract.

Legal description of property: (legal description must be attached)

Survey Name: _____ Abstract Number: _____
Name Deed recorded in: _____
Volume and page number: _____
Change in Zoning from: _____ to _____

State of existing neighborhood character:

- a. Predominant land use:
Single Family ___ Multifamily ___ Commercial ___ Industrial ___ Vacant ___ Agricultural ___
- b. Conditions: Sound ___ Deteriorating ___ Mixed ___
- c. Are there deed restrictions which could prevent this property from being used in the manner herein proposed? Yes ___ No ___
- d. Have all persons having any financial interest in the request been listed or are signatories to this application? Yes ___ No ___
- e. Will the area have any through traffic? Yes ___ No ___
- f. Are there any pollution or environmental hazards or other objectionable hazards affecting the proposed use? Yes ___ No ___
- g. Is the site located in a floodplain? Yes ___ No ___
- h. Is it in the watershed of any flood control structure? Yes ___ No ___
- i. What is the predominant zoning in the area? _____
- j. Is the area developed the same as it is zoned? _____
- k. Will the requested change alter a logical transition between zoning patterns? Yes ___ No ___
- l. Are there any peculiarities of the proposed use that are likely to affect neighboring properties, such as unusual or long hours, heavy traffic, lights, noise or trash? Yes ___ No ___
- m. If yes, explain. _____

Signature of owner: _____ Date: _____



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AFFIDAVIT FOR AUTORIZED AGENT

Description of property: (legal description must be attached)

This is to be completed only I a person other than the owner is representing this application.

I, _____ hereby certify that I am the record owner of the property listed above and I hereby authorize _____ to act on my behalf in the application process for a Zoning Change on this property.

Signature: _____ Date: _____

STATE OF TEXAS
COUNTY OF NAVARRO
KNOW ALL MEN BY THESE PRESENTS:

Before me, the undersigned authority, a notary public in and for the State, on this day personally appeared, _____, known to me to be the person whose name is subscribed to the foregoing and acknowledged to me that he executed the same for the purpose herein expressed and in the capacity stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE
THIS THE _____ DAY OF _____, 20____.

NOTARY PUBLIC IN AND FOR THE
STATE OF TEXAS

MY COMMISSION EXPIRES _____