

ZONING APPLICATION
City of Pittsburg
200 Rusk Street Pittsburg, Texas 75686
fax 903 856-0544
903 856-3621

Fee: \$200.00

Submission Date: _____

- Zoning Change Variance Subdivision Annexation Special Use Permit Other

A. APPLICANT/S:

1. Property Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

2. Representative/business owner (if other than property owner): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

B. DESCRIPTION OF PROPERTY *(must have complete legal description, plat and site plan of property attached)*

1. Property Address: _____ Legal Description (lot and block): _____

2. Acreage or number of lots involved: _____

3. Present use of Property: _____

4. Existing Zoning: _____ Requested Zoning: _____

5. Requested Use: _____

COMMENTS: _____

C. SPECIAL USE:

Special Use Requested for: _____

Status of Applicant:

(a) Owner: _____

(b) Trustee: _____ (list names of individual(s) for whom the property is held in trust.)

Corporation: _____ (list name and title of officers and names of Board of Directors.)

**I UNDERSTAND THAT IT IS NECESSARY FOR ME, OR MY AUTHORIZED AGENT, TO BE PRESENT AT THE PLANNING AND ZONING COMMISSION PUBLIC HEARING AND CITY COUNCIL MEETING, OR, FOR A VARIANCE, THE BOARD OF ADJUSTMENTS PUBLIC HEARING. I ALSO UNDERSTAND THAT FAILURE TO APPEAR AT THE MEETING WILL RESULT IN THE CASE BEING TABLED UNTIL A LATER DATE.
I ALSO UNDERSTAND THAT FEES PAID ARE NOT REFUNDABLE.**

Name of property owner (printed)

Signature of property owner

Date

FOR OFFICE USE ONLY

Complete Application Submission Date: _____

PUBLICATION DATE: _____ P & Z BOARD DATE: _____ BOARD OF ADJUSTMENTS DATE: _____

CITY COUNCIL MEETING: _____ APPROVED _____ REJECTED _____

ORDINANCE # _____ ORDINANCE BOOK # _____ PAGE # _____ CITY COUNCIL BOOK # _____ PAGE # _____