

**CITY OF DEL RIO, TEXAS
PLANNING AND ZONING COMMISSION
ZONING APPLICATION
114 WEST MARTIN
DEL RIO, TEXAS 78840
FAX (830) 703-5305
(830) 774-8553**

Appeal No. _____
Deadline _____
Date of Hearing _____
Date Received _____
Filing Fee _____
Date of Action _____
Action _____

Purpose:

The application process is the initial stage for requesting a change in zoning classification to the Planning and Zoning Commission and the Del Rio City Council as defined by Section 30-273 of the Code of Ordinances for the City of Del Rio, Texas.

Applicant:

Name _____

Address _____

City _____

Phone _____

E- Mail _____

Representing:

Name _____

Address _____

City _____

Phone _____

E- Mail _____

Request:

Zoning Change from _____ to _____

Proposed Use _____

Property Description:

Street Address _____

Lot Size _____

Lot Number _____

Zoning District _____

Block Number _____

Addition _____

- Please attach a copy of your deed to the property. If you are currently purchasing the property, please include a copy of your contract for the purchase of the property. Also include with your application a copy of any and all restrictive covenants pertaining to the property to be rezoned.

Appeal:

Why do you believe that the approval of this request would be in harmony (similar use) with the character of the neighborhood? _____

Why do you believe that the approval of this request would not be detrimental to the property or persons in the neighborhood?

Why do you believe that there is a need in this area for the uses that would be allowed under this proposed zoning change?

History:

Previous Application/Appeal Filed? () Yes () No Date _____

Results of Appeal _____

Lienholder:

Is the property burdened by a lien of any nature? _____

If so, describe the lien and give the name and address of lienholder and secure their consent to the requested zoning change with their signature.

Other:

Interest in the property? (Owner, Agent, Lessee, ect.) _____

Approximate cost of work involved? _____

Include a schematic drawing of the site.

To the Applicant:

A fee of \$ _____ to defray the part of the costs of processing the application and holding the public hearing is required by City Ordinance. Such fee must be paid to the City of Del Rio at the time that this application is submitted. One-half (1/2) of the fee will be returned if the applicant decides to terminate the application and the public hearing notices have NOT been sent out.

I, _____, understand the above requirements and have read them thoroughly and my statements are true and correct.

Lienholders (if any)

Applicant

AFFIDAVIT OF OWNERSHIP

THE STATE OF TEXAS) (

COUNTY OF VAL VERDE) (

Before me, the undersigned authority,

Name of Applicant

Personally appeared, and upon being duly sworn by me, stated and deposed under oath that he/she is the true owner of the above described real property, or is the duly authorized agent for the true owner of the above described real property and have filed this application on behalf of said owner.

SUBSCRIBED AND SWORN to before me this

Signature of Applicant

_____ day of _____, _____.

Notary Public

My Commission Expires: _____

FEES

Zoning Changes	
Less than 1 acre to 25 acres	\$200.00
25 acres and above	\$400.00

Zoning Applicants will not be entitled to a refund if notice has been published in the newspaper as required by the City of Del Rio Code of Ordinances

FOR CITY USE ONLY

Date _____ Invoice Number _____ Check or Money Order Number: _____

Application _____ Approved _____ Denied Date _____