



P.O. Drawer 400 2665 San Angelo
Ingleside, TX 78362
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building@inglesidtx.gov

APPLICATION FOR ZONING CHANGE

Receipt #: _____

Date Filed: _____

INSTRUCTIONS:

- (1) Please type or print clearly in black ink.
- (2) File with Building Department at City Hall, Ingleside, Texas
- (3) Request must be accompanied by required filing fee.

APPLICANT/OWNER INFORMATION

Applicant's Name (please print): _____
 Address: _____
 City/State/Zip Code: _____
 Phone No.: _____

Applicant Status: (check one)

INDIVIDUAL () TRUST () PARTNERSHIP () CORPORATION ()

ZONING REQUEST INFORMATION

Legal Description of Property to be Rezoned:

Lot: _____ Block: _____

Subdivision: _____

Address of Property: _____

Lot Size: _____ Feet x _____ Feet Acres: _____

Frontage Street: _____

Present Zoning Classification: _____

Requested Zoning Classification: _____

I CERTIFY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT. I ALSO CERTIFY THAT I UNDERSTAND THAT ATTENDANCE IS MANDATORY, EITHER BY MYSELF OR A REPRESENTATIVE, AT ALL HEARINGS, BOTH PLANNING AND ZONING AND THE CITY COUNCIL, FOR THIS REQUEST TO BE CONSIDERED. I ALSO UNDERSTAND THAT FAILURE TO ATTEND WILL RESULT IN TERMINATION OF PROCESS AND RE-APPLICATION WILL BE REQUIRED.

Date of Publication: _____

Planning & Zoning Public Hearing: _____

Time: 6:00p.m.

City Council Public Hearing: _____

Time: 6:30p.m.

2nd Reading before City Council: _____

Time: 6:30p.m.

Signature of Applicant: _____ Date: _____ Signature of Owner: _____ Date: _____

STAFF CHECKLIST

Accepted By: _____

Date Accepted: _____

Filing Fee: _____

Date Paid: _____