

Lake Tawakoni Planning & Zoning

Zoning Application

Date Received: _____	Current Zoning _____
Project Name: _____	Proposed Zoning _____
Project Location: _____	# Acres _____
Project Description: _____	Rezone <input type="checkbox"/> Special Use <input type="checkbox"/> PUD <input type="checkbox"/> Other <input type="checkbox"/>
Parcel ID: _____	Current Use: _____ Proposed Use: _____
Additional Information: _____	

Owner Information: _____	
Name: _____	Contact Person: _____
Address: _____	
Phone Number: _____	Fax Number: _____ Email: _____

Owner's Agent	Contact Person	Phone Number	Email
Owner's Acknowledgement	The above named agent is hereby authorized to act on my behlaf.		Date
	Signature: _____		
Land Planner	Contact Person	Phone Number	Email
Realtor	Contact Person	Phone Number	Email
Surveyor	Contact Person	Phone Number	Email
Engineer	Contact Person	Phone Number	Email <input type="checkbox"/>
Other	Contact Person	Phone Number	Email

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances will be complied with whether specified or not. The granting of zoning approval does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction, land use or land subdivision.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY: Reviews are requested from all departments prior to application approval.

Water/Sewer	Approved By: _____ Date: _____	Zoning	Approved By: _____ Date: _____
Platting - City / County	Approved By: _____ Date: _____	Other	Approved By: _____ Date: _____

Pre-Application Conference Date _____	Completed _____	Total Fees: _____
Planning & Zoning Comm. Date _____	Approved _____	Receipt #: _____
Commisioners Court Date _____	Approved _____	Ordinance # _____