



NO. _____

**PLANNING AND ZONING COMMISSION
APPLICATION**

1. APPLICANT/OWNER: _____
First Name Last Name

ADDRESS: _____
Street/P.O. Box Phone No

City State Zip Code

2. PROPERTY DESCRIPTION: _____
Street Address

3. LEGAL DESCRIPTION: _____
Lot(s) Block(s) Addition

4. PRESENT CODES: _____
Code of Ordinance Title

APPLICANTS REQUEST FOR AN APPLICATION PERTAINS TO THE FOLLOWING:

- () FOR INTERPRETATION of the meaning or intent of the Zoning Ordinance.
- () A WAIVER from the literal enforcement of the Sub-Divison Ordinance.

5. APPLICANTS REQUEST IS AS FOLLOWS:

(Attach an additional sheet if necessary).

Signature of Applicant

Date

Signature of City Official Received

Date Received by
Dev. Services Dept.

Please email permit to Christina Moon at cmoon@stephenvilletx.gov 254-918-1281

FOR OFFICE USE ONLY

CHECKLIST

	<i>Initial(s)</i>	<i>Date</i>
1. Application Received:	_____	_____
2. Application Reviewed as Follows:		
a. General Description of Location (Street, address, or "Northwest Corner of Avenue C and Avenue E").	_____	_____
b. Legal Description of Property (Lot and Block Number/Metes and bounds, Survey and Abstract).	_____	_____
c. Size of Tract by Dimensions and Area. (Shown on Plat drawn to scale).	_____	_____
d. Present Zoning Classification	_____	_____
3. Applicant's Fee \$_____ received.	_____	_____
4. Site Plan Attached.	_____	_____
5. Property owners of record within 200 feet notified by mail.	_____	_____
6. Notice of public hearing posted.	_____	_____
7. Notice of public hearing delivered to newspaper.	_____	_____
8. Application reviewed by city officials: (Initial where applicable)		
a. Community Development Dept.	_____	_____
b. Public Works Department	_____	_____
c. Fire Department	_____	_____
d. Police Department	_____	_____
e. Other Departments (Specify)	_____	_____
9. Agenda packet mailed to board members.	_____	_____