



APPLICATION TO AMEND THE ZONING ORDINANCE/SITE PLAN

(Must be a complete application for acceptance)

PROPERTY OWNER: _____
Mailing Address _____ City _____ State _____ Zip _____
Telephone (_____) _____ Email _____

APPLICANT / AGENT: _____
Mailing Address _____ City _____ State _____ Zip _____
Telephone (_____) _____ Cell (_____) _____ Email _____

OTHER CONTACT Name _____ Phone _____

PURPOSE OF PROPOSAL:

Amend the ZONING MAP to change the zoning district boundaries on the following parcel(s):

Lot / Tract No. Lot / Tract No. Lot / Tract No. Lot / Tract No.

From _____ From _____ From _____ From _____

To _____ To _____ To _____ To _____

Location address or Legal lot and block range: _____

Present use of this property is: _____

Describe proposed **new** use and purpose for zoning change:

PROPERTY DESCRIPTION

Total net land area _____ (acres /or square feet)

Sketch Drawing of Area to be Re-Zoned, including Location Map (8 1/2" x 11")

Certified Legal Description:

NOT PLATTED: A Registered Texas Surveyor's **certified metes and bounds** legal description is required with **case exhibit drawings** of the entire area to be rezoned. The boundary description shall be furnished on 8 1/2" x 11" paper, bearing the surveyor's name, seal and date. If the area to be rezoned is entirely encompassed by a recorded deed, a copy of the deed description is acceptable. An **Electronic copy of survey** may be provided by CD, email or other method within 2 days of application. Send to bdsreq@fulsheartexas.gov.

PLATTED: If it is within a recorded subdivision, provide a **copy of the plat** with the subdivision name and recording information. Any partial or non-surveyed parcel or tract, extracted from a recorded deed, will require a certified legal description as noted above.

Subdivision Name _____
Block _____ Lot(s) _____; Block _____ Lot(s) _____; Block _____ Lots(s) _____

Posting Requirements:

Notice of required Public Hearings shall be provided by the **applicant** by way of a sign posted on the land that is the subject of the application. One sign shall be posted for each 200 feet of frontage along a public street, with a maximum of 2 signs required per frontage. Signs shall be located so that the lettering is visible from the street. Where the land does not have frontage on a public street, signs shall be posted on the nearest public street with an attached notation indicating the location of the land subject to the application. The sign shall state "The property has requested a Zoning Change, for information regarding this request contact the City of Fulshear at 30603 FM 1093, Fulshear, Texas 77441, 281-346-1796. Two Public Hearings will be held for this request." Include time(s), date(s) and location(s) of the Public Hearing.

ACKNOWLEDGEMENTS:

I certify that the above information is correct and complete to the best of my knowledge and ability and that I am now, or will be, fully prepared to present the above proposal before the Zoning Commission and City Council public hearings. I further certify that I have read and understand the information provided, concerning the policies and procedures regarding consideration of my zoning request.

*I understand that all recommendations of the Zoning Commission will be forwarded to the City Council for final determination, normally scheduled for the third Tuesday of the month. I further understand that any actions of the Zoning Commission are considered recommendations to the City Council and that I may be heard **by the City Council** at the prescribed Council hearing date where a final decision will be made.*

I further understand that if I am not present nor duly represented at the Commission's public hearing, the Zoning Commission may dismiss my request, which constitutes a recommendation that the request be denied. I further understand that if I am not present, or duly represented, at the City Council public hearing, the City Council may deny my request.

*I reserve the right to **withdraw** this proposal at any time, upon written request filed with the City Secretary. Such withdrawal shall immediately stop all proceedings thereon; provided, however, case withdrawal, shall constitute a denial by the Commission and City Council. I understand my filing fee is not refundable upon withdrawal of my case application after public notice, nor following denial by the Commission or Council of my case. I / We respectfully request approval and adoption of the proposed zoning / land use of property, within the City of Fulshear, as identified in this application.*

Signature of Owner/ Agent* _____ Date _____
(circle one)

Printed name _____ Phone. No. _____

*Note: An Agent must furnish a **signed Letter of Authorization from the owner** when submitting this application.

ZONING CHANGE APPLICATION CHECKLIST

Applicant must complete and submit this checklist when filing an application.

ZONING CHANGE APPLICATION DATA:

____ Applicant Name, Address, City, State, Zip Code, Area Code, Telephone Number

____ Confirmed Ownership (Sources: Appraisal district records; recently recorded deed, etc.)

____ Nature of request complete and understood

Applicable Property Description:

____ Address: Number & Street

____ Subdivision: Name ____ Block(s) ____ Lot(s) -Provide copy of plat-

____ Survey: Name ____ Abstract No. ____ Tract(s)

____ Certified Metes & Bounds Legal Description

____ If there is more than one rezoning category, a legal description / metes and bounds must describe each requested zoning district.

____ Total land area to be rezoned

____ Development information completed

____ Existing land use-identified

____ Proposed new land use – identified

____ Reason supporting proposed change - completed

____ Signatures of owner and /or applicant

____ Signed Letter of Authorization -if applicable

____ Zoning Change Fee made out to the City of Fulshear \$600.00 plus \$15.00 per acre