



**APPLICATION FOR ZONE CHANGE**

**INSTRUCTIONS:** \*APPLICATION MUST BE FILLED OUT **COMPLETELY** WITH REQUIREMENTS TO PROCESS APPLICATION FORM.

\* IF PROPERTY IS UNDER LEASE AGREEMENT APPLICATION MUST BE TURNED IN WITH A NOTARIZED LETTER FROM THE OWNER STATING PERMISSION TO DO ZONE CHANGE.

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Subdivision \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

Present use of land (if vacant land, please state so): \_\_\_\_\_

Zoning request from \_\_\_\_\_ to \_\_\_\_\_

Size of tract by dimensions and area (in square feet or acres):  
\_\_\_\_\_  
\_\_\_\_\_

Proposed plan of development use and reason(s) for zoning request:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A non-refundable filing fee of \$ 300.00 must be paid at the time the application is filed (Make checks payable to the City of Donna).

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent or Attorney's Signature

\_\_\_\_\_  
Date



**FOR OFFICE USE ONLY:**

Filing fee of \$ 300.00 paid on \_\_\_\_\_.

Notarized Letter (if applicable) \_\_\_\_\_

Date owner/ applicant were notified of **Planning & Zoning** meeting: \_\_\_\_\_

Application set for Hearing before the **Planning and Zoning Commission** on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Date owner/ applicant were notified of **City Council** meeting: \_\_\_\_\_.

Application set for Hearing before the **City Council** on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**City Staff's Signature**

Publication Date for PZ: \_\_\_\_\_ Name of Newspaper: \_\_\_\_\_

Publication Date for CC: \_\_\_\_\_

Date surrounding property owners were mailed notification: \_\_\_\_\_

Stipulations or comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PZ Approval: \_\_\_\_ Yes \_\_\_\_ No Date of PZ Approval/ Disapproval \_\_\_\_\_

CC Approval: \_\_\_\_ Yes \_\_\_\_ No Date of CC Approval/ Disapproval \_\_\_\_\_

If tabled, please state the reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_