



APPLICATION FOR ZONE CHANGE
CODE: 11.3641 FEE: \$400 (non-refundable)

The Planning & Zoning Commission meets the 1st Monday of each month at 5:30 pm. Deadline to submit an application is 20 days prior to meeting.

The City Commission meets the 1st Tuesday of each month at 5:30 pm.

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.
*WARRANTY DEED REQUIRED.

Applicant's Name: _____ Phone: _____

Address: _____

Name of Owner: _____

Address: _____ Phone: _____

Subdivision _____ Block _____ Lot(s) _____

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

Choose from Zoning available below:

- General Business (B2)
- Mobile Home District (MH)
- Local Business District (B1)
- Multi-Family Residential (R2)
- Single Family Residential (R1)

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 \$ 400.00 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 \$ 400.00 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):
