



CITY OF POINT

320 N. LOCUST STREET POINT, TEXAS 75472 PH:903-598-3296 FAX: 903-598-3371

Email: cityclerk@cityofpoint.org

CHANGE OF ZONING APPLICATION

Name of Party making request: _____

Mailing Address: _____

Location of Property involved in request: _____

Lot _____ Block _____ Addition _____

Attach Current City Tax Receipt with Application.

Plat of Parcel detailing size, location of utilities, placement and size of proposed structure, location and size of other existing structures.

Nature of Request: (Write request, setting forth type of zoning requested, in shortest, most complete manner. Use back of sheet if additional space is required. Include all information pertinent to the request.)

I understand that it is necessary for me to be present at the City of Point Council Public Hearing.

Signature of Owner: _____

All plats, ect., must be filed with the City Secretary at the time this application is filed, with all fees charged by the City paid. Notice will be sent regarding hearing date.

FOR STAFF USE ONLY _____ Fee- \$ _____ per lot _____

Date Received: _____ Fee Received: _____ YES _____ NO

PAYMENT TYPE : _____ CASH _____ CHECK _____ MO _____ CREDIT CARD