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

**CITY OF POINT**

**Email: cityclerk@cityofpoint.org**

**CHANGE OF ZONING APPLICATION**

Name of Party Making Request:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email 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,etc.., 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: $100.00 per lot**

**Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee Received: \_\_\_\_\_YES\_\_\_\_\_NO**

**PAYMENT TYPE :\_\_\_\_\_CASH\_\_\_\_\_CHECK\_\_\_\_\_MO\_\_\_\_\_CREDIT CARD**