

City of Pottsboro  
528 E. FM 120  
Pottsboro, Texas 75076

Application Fee - **\$300.00**  
Payment Received \_\_\_\_\_  
**APPLICANT IS RESPONSIBLE FOR ALL  
COSTS INCURRED BY TO THE CITY.**

## **ZONING APPLICATION**

### **I. Applicant Information**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

### **II. Land Use Information**

#### ***Zoning Ordinance Chapter 14***

*All land, buildings, structures or appurtenances thereon located within the City of Pottsboro, Texas which are hereafter occupied, used, erected, altered, removed, placed, demolished or converted, shall be occupied, used, erected, altered, removed, placed, demolished or converted in conformance with the zoning regulations prescribed for the zoning district in which such land or building is located as hereinafter provided.*

**Note:** Applicant should reference the Zoning Ordinance Chapter 14, Sections 8 through 17 to properly identify existing and proposed zoning, as well as all permitted uses and setbacks.

Project Name: \_\_\_\_\_ Acres: \_\_\_\_\_

Existing Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_  
(Ref. Zoning Ordinance) (Ref. Zoning Ordinance)

I hereby request that this zoning application be placed on the agenda for action at the first available Planning & Zoning Commission meeting even if staff comments have not been addressed and the zoning is not in compliance with City Code. I realize this will likely result in a disapproval of my application and I will be required to pay new filing fees.

I HEREBY CERTIFY THAT I AM THE SOLE CURRENT OWNER OF RECORD OF THE PROPERTY DESCRIBED ABOVE. THAT THIS APPLICATION IS BEING SUBMITTED WITH MY CONSENT AND THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT. **IF I AM NOT THE SOLE CURRENT OWNER OF RECORD OF THE REAL PROPERTY INVOLVED, I HAVE ATTACHED A NOTARIZED WRITTEN EVIDENCE OF AUTHORIZATION FROM THE CURRENT OWNER(S) OF RECORD.** I ACKNOWLEDGE THAT ANY INVALID INFORMATION MAY BE CAUSE FOR DENIAL OF THIS APPLICATION. I AM THE OWNER OR AGENT AUTHORIZED TO MAKE THE STATEMENTS AND REPRESENTATIONS HEREIN ON THE BEHALF OF THE OWNER.

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Zoning Ordinance Section 29.2.5**

*Every recommendation by the Planning and Zoning Commission shall be reported to the City Council for a public hearing thereon. No ordinance change shall become effective until after the adoption of the ordinance and its publication as required by law.*

- Provide written comments from the applicable public school district making any recommendation to the City Council.
- Provide written comments from private utilities making any recommendations to the City Council.

**IV. Submittal Checklist** (To be completed by City of Pottsboro)

- Complete Zoning Application
- Exhibit "A" (Meets & Bounds Description)
- Exhibit "B" Drawing including adjacent property owners within ±200 feet of site
- List of adjacent property owners' addresses as noted in most recent tax records.
- Current Tax Certificate issued by Grayson County Tax Offices.
- Zoning application fee check made payable to "City of Pottsboro" (\$300.00)

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**This application with the attached material has been fully and properly processed in accordance with the provisions of the ordinances of the City of Pottsboro.**

City of Pottsboro Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_