CITY OF KINGSVILLE
PLANNING AND ZONING DIVISION
MASTER APPLICATION

PROPERTY INFORMATION: (Please PRINT or TYPE)

Project Address _____ Nearest Intersection _____

(Proposed) Subdivision Name_____Lot _____ Block_____ _____

Legal Description:_____

Existing Zoning Designation _____ Future Land Use Plan Designation _____

OWNER/APPLICANT INFORMATION: (Please PRINT or TYPE)

Applicant/Authorized Agent _____ Phone _____ FAX _____

Email Address (for project correspondence only):_____

Mailing Address _____ City_____ State _____ Zip_____

Property Owner _____ Phone _____ FAX _____

Email Address (for project correspondence only): _____

Mailing Address _____ City _____ State _____ Zip_____

Select appropriate process for which approval is sought. Attach completed checklists with this application.

__Annexation Request_____No Fee
__Administrative Appeal (ZBA)_____$250.00
__Comp. Plan Amendment Request_____$250.00
__Re-zoning Request_____$250.00
__SUP Request/Renewal_____$250.00
__Zoning Variance Request (ZBA)_____$250.00
__PUD Request_____$250.00

__Preliminary Plat_____Fee Varies
__Final Plat_____Fee Varies
__Minor Plat_____$100.00
__Re-plat_____$250.00
__Vacating Plat_____$50.00
__Development Plat_____$100.00
__Subdivision Variance Request_____$25.00 ea

Please provide a basic description of the proposed project:
_____
_____
_____
_____

I hereby certify that I am the owner and /or duly authorized agent of the owner for the purposes of this application. I further certify that I have read and examined this application and know the same to be true and correct. If any of the information provided on this application is incorrect the permit or approval may be revoked.

Applicant's Signature_____Date:_____
Property Owner's Signature_____Date:_____
Accepted by:_____Date:_____