



**CITY OF KINGSVILLE
PLANNING AND ZONING DIVISION
MASTER APPLICATION**

email: hsolis@cityofkingsville.com / Phone (361) 595-8055

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 _____

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	Preliminary Plat _____	Fee Varies
Administrative Appeal (ZBA) _____	\$250.00	Final Plat _____	Fee Varies
Comp. Plan Amendment Request _____	\$250.00	Minor Plat _____	\$100.00
Re-zoning Request _____	\$250	Re-plat _____	\$250.00
SUP Request/Renewal _____	\$250	Vacating Plat _____	\$50.00
Zoning Variance Request (ZBA) _____	\$250	Development Plat _____	\$100.00
PUD Request _____	\$250	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: _____