

INSTRUCTIONS FOR REZONING APPLICATION

SUBMISSION REQUIREMENTS

Submit 2 copies of the following:

1. Map of area proposed for rezoning.
 2. Vicinity map showing property lines, streets, existing and proposed zoning.
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PROCEDURE

1. Submit completed application at least 21 days prior to the Planning & Zoning Commission meeting date along with the prescribed fee (see below). The Planning & Zoning Commission meets the _____ in the Council Chambers, City Hall, 501 Sheppard Road, Burkburnett, Texas 76354.
2. Appear before the Planning and Zoning Commission on meeting date. The Commission will make a recommendation to the City Council.
3. Appear before the City Council on the scheduled meeting date. The Council will review and act on the rezoning application.

NOTIFICATION

1. Planning Division staff will mail a copy of the staff report to the applicant ten (10) days prior to the Planning and Zoning Commission meeting.
2. Planning Division staff will notify property owners within 200 feet of the site and publish in the official local newspaper at least ten (10) days prior to the Planning and Zoning Commission meeting.

Note: Upon denial of a request for an amendment or change by the City Council, no identical request may be submitted within twelve (12) months from the date of the original request unless the applicant can show that substantial changes affecting the property have occurred.

FEES

| | |
|---------------------------------|-----------------------------|
| Up to 5 acres: | \$150.00 |
| 5 acres or more: | \$150.00 + \$10.00 per acre |
| Planned Unit Development (PUD): | \$500.00 + \$10.00 per acre |

IF YOU HAVE FURTHER QUESTIONS, PLEASE CALL THE PLANNING DIVISION AT (940) 569-2263.

CITY OF BURKBURNETT
REZONING APPLICATION

OFFICE USE:

CASE NO. _____

FEE PAID _____

PROPERTY ADDRESS: _____

LEGAL DESCRIPTION: _____
 LOT (S) BLOCK SECTION SUBDIVISION

AREA IN ACRES _____

PRESENT ZONING CLASSIFICATION _____ PROPOSED ZONING _____

PRESENT USE _____

PROPOSED USE _____

REASON FOR REQUEST _____

NAME OF APPLICANT _____

ADDRESS _____

PHONE # _____

I hereby certify that all information contained herein is true and correct, and that all required submissions (see reverse) have been submitted.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF PROPERTY OWNER _____ DATE _____

NOTE: SEE REVERSE SIDE FOR INSTRUCTIONS
Attach PUD application for a Planned Unit Development

PERMIT (To be completed by the Planning Department)

The rezoning request is hereby approved based on Ord. No. _____.

The rezoning request is hereby disapproved by City Council on _____.

Date _____
Director of Planning