



CITY OF ROANOKE
 500 S. OAK STREET
 ROANOKE, TEXAS 76262
 (817) 491-2411 FAX (817) 491-2242

ZONING APPLICATION

Applicant/Agent Name		Home Phone	Mobile Phone
Address		City / State	Zip
Property Owner(s)		Home Phone	Work Phone
Address, City, State, Zip			
Present Zoning Classification	Requested Zoning Classification	Acreage/Lot of Requested Zoning Classification	

Are any Deed restrictions in place that would prevent this property being used in the manner herein proposed?

Yes No

If yes, list restrictions _____

Proposed use _____

Justification for requested zoning change: _____

I authorize the City of Roanoke to place one change of zoning sign on the subject property to remain in place for the duration of the zoning change process.

 Applicant Signature and Date

Attach one (1) electronic copy in a pdf format of the Metes & Bounds description of the property and a survey map of the property. Fees for Zoning Request is \$250.00 plus \$10.00 per acre. Fees are subject to change if amended by Ordinance.

Authorization:

I/We _____ owner(s) of the above described property do hereby authorize _____ to act on my/our behalf in making and representing this zoning change application.

 Signature of owner

 Date

State of Texas
 County of _____

Sworn to and subscribed before me on the _____ day of _____, _____, by _____
 (year) (name of owner).

Notary Seal

 Notary Public's Signature