

Town of Talty

www.talty@taltytexas.com

APPLICATION FOR ZONING CHANGE

1. APPLICANT - _____
If you are not the Owner(s) please state: type of relationship and your position, or title.
A letter of authorization must be furnished from owner(s) on letterhead with company's name giving you authority to make this request.

NAME OF BUSINESS: _____

MAILING ADDRESS: _____

PHONE NUMBERS: _____ or _____

2. PROPERTY LOCATION: _____

3. LEGAL DESCRIPTION: _____

4. SUBDIVISION NAME: _____

*ACREAGE: _____

If Acreage, please provide separate metes and bound description

5. EXISTING USE OF PROPERTY: _____

6. EXPLAIN PROPOSED USE OF PROPERTY, AND ATTACH ANY SUPPORTING INFORMATION OR DIAGRAM, IF APPLICABLE.

Town of Talty
9550 Helms Trail, Suite 500
Forney, Texas 75126
(972) 552-9592 fax: (972) 552-9060
Hours: Monday - Friday 8-noon

7. ZONING REQUEST: from _____ to _____
8. GIVE BRIEF EXPLANATION OF REQUEST: _____

THE UNDERSIGNED HEREBY REQUEST RE-ZONING OF THE ABOVE-DESCRIBED PROPERTY.

On this _____ day of _____, I, _____, personally appeared and hereby certify that I am the owner, or the duly authorized agent of the Owner, for the purpose of this Application for Zoning Change, and that all information submitted herein is complete, true and correct to the best of my knowledge. I understand that submitting this application does not constitute approval and incomplete applications will result in delays and possible denial.

I understand that this Application Request must be presented to the Board of Aldermen, Town of Talty at their monthly council meetings and before the Planning & Zoning Committee. I understand that if the council meets later than thirty (30) days that I waive the proper notice required of the Town of Talty, and I am aware that I will appear before the next planning and zoning board meeting.

SIGNED: _____ TITLE _____

DATED: _____

Office Use Only

Date Received: _____ Fee paid: \$ _____ Check # _____

Receipt No. _____

Received by: _____ Title: _____

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