



# ZONING APPLICATION

101 West Abram Street  
Arlington, Texas 76010  
817-459-6502  
www.arlingtontx.gov/planning

Please Select Type:

- Zoning
- Concept Brief
- Specific Use Permit
- Development Plan
- Substitute Landscape Plan

I request City Staff to place zoning notification signs for an additional fee of \$100.00

▶ For submittal requirements, see appropriate checklist ◀

## Property Development Information

Project Name: \_\_\_\_\_ Project Address: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot(s)/Block \_\_\_\_\_

Survey and Abstract: \_\_\_\_\_ Gross Acreage: \_\_\_\_\_ Sector: \_\_\_\_\_

**If request is for (i) a portion of a platted lot, or (ii) an unplatted lot, Metes & Bounds must be provided in an electronic Word format.**

*• If the ownership does not match the ownership on the Tarrant County Appraisal District website, WWW.TAD.ORG, a warranty deed shall be submitted with this application. Please verify ownership prior to submitting the application.*

Current Zoning: \_\_\_\_\_ and Use: \_\_\_\_\_

Proposed Zoning: \_\_\_\_\_ and Use: \_\_\_\_\_

### Owner Information

(if there is more than one owner, please attach a separate application)

Check here if the property owner is represented by an authorized agent.

Firm Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**The owner's original notarized signature is required on this application. No copied prints or faxed copies accepted.**

### Representative/Agent Information

Firm Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Office Use Only

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

Contact the Planner of the Day in the Community Development and Planning Department if you have any questions

AMANDA Sequence Number: \_\_\_\_\_



**Owner Certification and Disclosure**

Article XII, Code of Ethics, of the "Administration" Chapter of the Code of the City of Arlington, Section 12.06, requires all persons seeking Council, Zoning Board of Adjustment or Planning and Zoning Commission consideration or action concerning any application for rezoning, plat approval, or special exception which requires action by the above stated commissions, to provide the following information. The applicant and the owner shall **both** file statements in those cases where the applicant does not own the property which is the subject of consideration or action.

Do you believe that a City official or City employee may have a conflict of interest in the aforementioned property or application?  **YES**  **NO**

If so, state the name of each person and the department they represent known by you that may have a conflict of interest in the property of the application referenced:

Name: \_\_\_\_\_ Council, Board, Commission or City Department: \_\_\_\_\_  
Name: \_\_\_\_\_ Council, Board, Commission or City Department: \_\_\_\_\_

This is to certify that \_\_\_\_\_, the stated undersigned, is/are the sole owner(s) of the property described in this application, and that I/we have read and understand the "Disclosure of Interest" form.

\_\_\_\_\_ Date \_\_\_\_\_  
Owner signature \_\_\_\_\_ Print - Owner

\_\_\_\_\_ Date \_\_\_\_\_  
Agent signature \_\_\_\_\_ Print Agent

**\*\*All signatures on this application shall be original signatures. No copied prints or faxed copies accepted.**

**Notary Statement**  
**All Signatures Must Be Notarized**

Before me, the undersigned authority, on this day personally appeared (**Agent**) \_\_\_\_\_ known to me to be the person whose name is subscribed to the above and foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration expressed and in the capacity therein stated.

Given under my hand and seal of office on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

SEAL

\_\_\_\_\_  
Notary Public in and for the State of Texas



Before me, the undersigned authority, on this day personally appeared (**Owner**) \_\_\_\_\_ known to me to be the person whose name is subscribed to the above and foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration expressed and in the capacity therein stated.

Given under my hand and seal of office on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

SEAL

\_\_\_\_\_  
Notary Public in and for the State of Texas

