



Application for Zone Change

Planning & Development Department
30360 Cougar Bend, Bulverde, TX 78163
Telephone: 830-438-3612 - Fax: 830-438-4339
www.bulverdetx.gov

Date: _____

Case No. _____

Applicant Information:

_____ Name	_____ Phone	_____ Fax
_____ Address		_____ Email

Property Owner Information:

_____ Name	_____ Phone	_____ Fax
_____ Address		_____ Email

** If property owner is not the applicant, a letter of authorization from the owner is required with application submittal.*

Property Identification:

Street Address: _____

Legal Description: _____

Zoning District Classification: _____

Requested Zoning District Classification: _____

Purposes and Reasons: *(may attach additional sheets if needed)*

The undersigned agrees to pay the **non refundable** application fee and any other applicable fees as outlined in the Planning and Development Fee Schedule and agrees to pay fees for any additional review requiring consultation with City Consultants, including involvement of a contract engineer in a predevelopment conference. To the extent possible, City Staff will provide the Owner/Applicant with an estimate of fees should outside consultation be required. The undersigned also acknowledges the City Staff may require additional appropriate information be submitted to aid in the review.

PROPERTY OWNER'S ACKNOWLEDGEMENT

Signature of Owner/Applicant

Date

State of Texas
County of _____

This instrument was acknowledged before me on the _____ day of _____, 20____,
by _____ (name of property owner).

Notary Public's Signature

(Notarial Seal)

Zone Change Review Fee: \$750.00 + \$100.00 per acre.



LETTER OF AUTHORIZATION FOR APPLICATION

Planning & Development Department
30360 Cougar Bend, Bulverde, TX 78163
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***This form is only required for property owners allowing another person or entity to submit and amend documentation required by the City on the property owner's behalf.*

I, _____, owner of the property, described in this application, authorize _____ (name of authorized person) to apply for a Zoning Change on my/our behalf.

The Authorized Person's information is:

Company: _____

Contact Name: _____

Address: _____

Signature of Owner/Applicant

Date

STATE OF TEXAS

COUNTY OF _____

This instrument was acknowledged before me on the _____ day of _____, 20____,

by _____ (name of property owner).

Notary Public's Signature

(Notarial Seal)

Zone Change Review Fee: \$750.00 + \$100.00 per acre.