



APPLICATION FOR ZONING CHANGE/AMENDMENT

Town of Westlake * 1301 Solana Boulevard, Building 4, Suite 4202 * Westlake, TX 76262

Telephone: (817) 430-0941 * Fax: (817) 430-1812

e-mail: customerservice@westlake-tx.org

Office use Only

Case Number: _____ Submittal Date: _____

Fee: _____ Received By: _____

Fee: \$1,800.00 plus \$90.00 per acre

Description of Property

Lot Number: _____ Block Number: _____

Subdivision: _____ Acreage: _____

Property Address: _____

General Location: _____

Survey of Property: Attach a current survey plat delineating the subject property or a metes and bounds description and survey if land is currently unplatted. **A Concept Site Plan and Submittal form are required with this application.**

Zoning Request

Present Zoning: _____ Requested Zoning: _____

Is this property within a Planned Development area? Yes No If yes, what PD Number? _____

Reason for Request: _____

Office Use Only

Pre Submittal Deadline	Pre-Application Conference	Comments Returned to Applicant	Formal Submittal Deadline	Publication Deadline/Notices to adj. prop owners	Final Submittal Deadline	P&Z commission Meeting	Town Council Meeting



APPLICATION FOR ZONING CHANGE/AMENDMENT

Town of Westlake * 1301 Solana Boulevard, Building 4, Suite 4202 * Westlake, TX 76262

Telephone: (817) 430-0941 * Fax: (817) 430-1812

e-mail: customerservice@westlake-tx.org

Applicant/Owner Information - Designation of Agent Form

I hereby authorize the person designated below, to act in the capacity as my agent for the application, processing and the representation of this request. The designated agent shall be the principal contact person with the Town of Westlake (and vice versa) in processing and responding to requirements, information requests or other issues relative to this request.

A Pre-Application Conference is required before formal submittal.

PROPERTY OWNER

Printed Name : _____
Signature: _____
Dated: _____
Address: _____
City, State, Zip: _____
Email Address: _____
Phone # : _____ Fax # : _____

APPLICANT

Printed Name : _____
Signature: _____
Dated: _____
Address: _____
City, State, Zip: _____
Email Address: _____
Phone # : _____ Fax # : _____

DESIGNATED AGENT

Printed Name : _____
Signature: _____
Dated: _____
Address: _____
City, State, Zip: _____
Email Address: _____
Phone # : _____ Fax # : _____