



ZONING APPLICATION

CITY OF TEXARKANA TEXAS

Po Box 1967
220 Texas Blvd
Texarkana TX 75504
(903) 798-3945
www.ci.texarkana.tx.us.org

Receipt No. _____

Case _____

Date _____

To: The Planning and Zoning Commission
City of Texarkana Texas

Please consider this as my application to amend the Zoning Map of the City of Texarkana, Texas for the following described property.

Lot: _____ Block: _____ Addition: _____
(Or see attached legal description)

Location: _____

Present Zoning: _____

Proposed Zoning: _____

If the Zoning Classification is changed by the Commission, this property will be used as:

Describe the changed conditions, if any, occurring since the original zoning, which affect your property and which justify rezoning:

Attorney or Agent Signature

Property Owner Signature

Address

Address

City, State, Zip

City, State, Zip

Home Phone & Cell Phone

Home Phone & Cell Phone

Fax Number

Fax Number

BY SIGNING THIS APPLICATION, YOU HAVE AGREED TO ALLOW THE CITY TO PLACE A SIGN ON YOUR PROPERTY