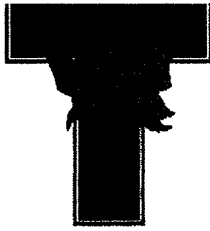


# CITY OF TYLER



## ZONING APPLICATION

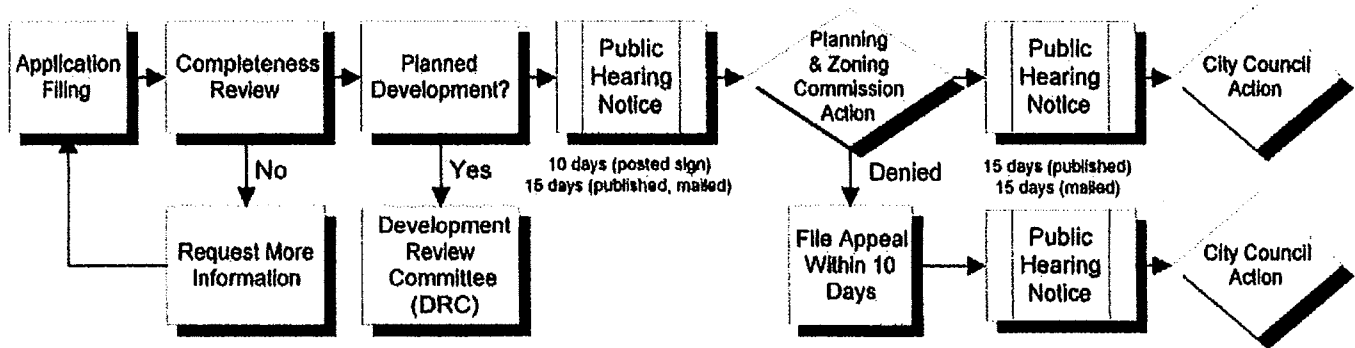
Print Form

City of Tyler  
Planning Department  
423 W. Ferguson  
Tyler, TX 75702  
(903) 531-1175  
(903) 531-1170 fax

### PROCESS

Reference Section 10-610  
Unified Development Code

- A. All zoning is by ordinance and only the City Council has the authority to adopt or to change an ordinance. The Council has assigned the study of zoning to the City Planning and Zoning Commission, which will make recommendations to the Council. If the Commission recommends a request for rezoning, it will not be effective until it is passed by the City Council. The rezoning process normally requires a period of sixty (60) days.
- B. All requests must be filed in the Planning Department located at 423 West Ferguson, Tyler, TX. A filing fee must be received with the completed application form. (See Fee Schedule and Deadline Dates.) **The applicant must also post a zoning notification sign provided by the Planning Department along with a \$20 refundable deposit upon return of the sign.** The sign must be placed in the front yard of the subject property no later than seven days after the application has been submitted. **If the sign is not posted in the required time frame, the application process will cease and the applicant will be required to reapply.**
- C. Please have a representative present at all public hearings. The applicant has the duty to produce evidence before the Planning and Zoning Commission and City Council to justify the proposed zoning change. This generally requires a showing that conditions affecting the property have substantially changed since the last zoning classification decision of the City.



### OFFICE USE ONLY

#### Filing Fee for Zoning Application

Receipt No.: \_\_\_\_\_ Amount: \_\_\_\_\_

#### Sign Deposit Fee

Receipt No.: \_\_\_\_\_ Amount: \_\_\_\_\_

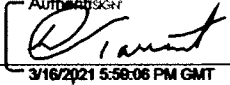
Signed By: \_\_\_\_\_



**AUTHORIZATION OF AGENT**

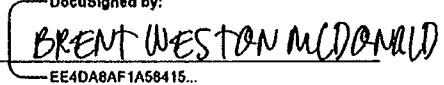
A. I (we), the undersigned, being owner(s) of the real property described above, do hereby authorize (please print name) Brent McDonald to act as our agent in the matter of this request. The term agent shall be construed to mean any lessee, developer, option holder, or authorized individual who is legally authorized to act in behalf of the owner(s) of said property. (Application must be signed by all owners of the subject property).

(Please print all but signature)

Owner(s) Name: Michael Lynn Collins Estate  
Address: David Tarrant  
22616 Shady Trail  
City, State, Zip: Flint TX 75762  
Phone: 903-504-0833  
Signature:   
Email: dwfarrant01@gmail.com

Owner(s) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Email: \_\_\_\_\_

Authorized Agent's Name: Brent McDonald  
Address: 1505 Sugar Hill  
Phone: 903-340-2414

Signature:   
City, State, Zip: Lindale, TX 75771  
Email: bmcDonald@rubadubplumbing.com

**SUPPORTING INFORMATION**

A. PLEASE PROVIDE A MAP OF THE LOCATION TO BE REZONED