

# APPLICATION

A. Requesting: (One Check per Application)

- General Zoning Change
- Special Use Permit (SUP) \* Include fully dimensioned site plan
- SUP Renewal
- On-Site Zoning Inspection

B. Description & Location of Property:

1. Lot, Block and Addition (required): 1032-A LOTS
2. Property Address of Location (required): 1501 Easy St Tyler, TX 75701

| PRESENT ZONING                                      | PROPOSED ZONING                                   |
|---|---|
| CLASSIFICATION <u>R-1A</u> <input type="checkbox"/> | CLASSIFICATION <u>AR</u> <input type="checkbox"/> |
| OVERLAY (IF APPLICABLE) <input type="checkbox"/>    | OVERLAY (IF APPLICABLE) <input type="checkbox"/>  |
| AREA (ACREAGE) _____                                | AREA (ACREAGE) _____                              |
|   | DWELLING UNITS/<br>ACRE (if applicable) _____     |

C. Reason(s) for Request (please be specific):

I am retrofitting house for professional office use. Using entrance from 1430 E Southeast Loop 323 Tyler, TX 75701. Adding value to the city. I am having office facing the loop 323.

D. Statement Regarding Restrictive Covenants/Deed Restrictions

I have searched all applicable records and, to my best knowledge and belief, there are no restrictive covenants that apply to the property as described in Part I(B) which would be in conflict with this rezoning request.

None

Copy Attached

## AUTHORIZATION OF AGENT

A. I (we), the undersigned, being owner(s) of the real property described above, do hereby authorize (please print name) Don E Carroll 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: Luis Cornejo

Address: 1501 East st

City, State, Zip: Tyler, TX 75701

Phone: 903 780 9293

Signature: 

Email: luc75707@yahoo.com

Owner(s) Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Agent's Name: Don E Carroll

Address: 4614 D.C. Drive Suite 2A

Phone: 903 343 1950

Signature: \_\_\_\_\_

City, State, Zip: Tyler, TX 75701

Email: don@landbridgecommercial.com

## SUPPORTING INFORMATION

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