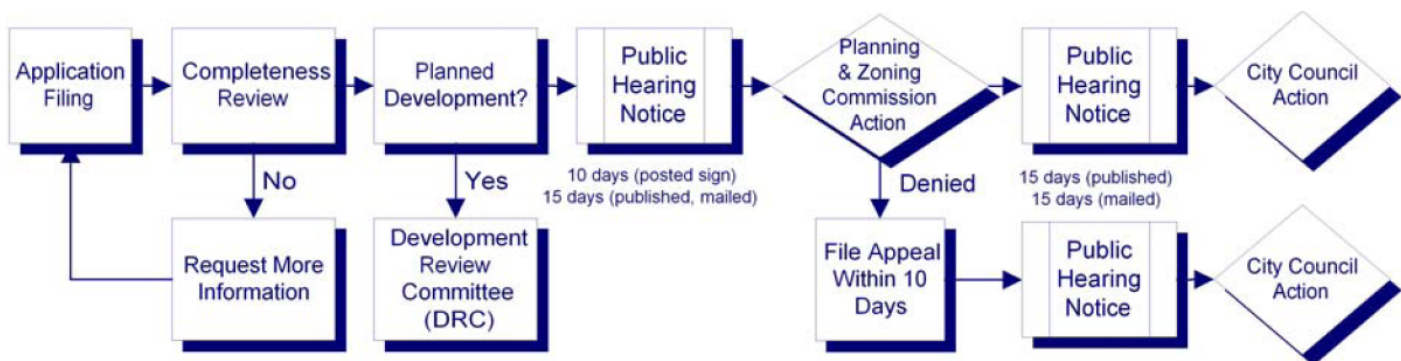


ZONING APPLICATION

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: _____

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): LOTS 6, 7, 12, 13, & 14 BLOCK 1
2. Property Address of Location (required): 6005 / 6011 NEW COPELAND ROAD & 938 DOLO

PRESENT ZONING	PROPOSED ZONING
CLASSIFICATION <u>R-1A</u>	CLASSIFICATION <u>RPO</u>
OVERLAY (IF APPLICABLE) <u> </u> ▼	OVERLAY (IF APPLICABLE) <u> </u> ▼
AREA (ACREAGE) <u>1.933</u>	AREA (ACREAGE) <u>1.933</u>
	DWELLING UNITS/ ACRE (if applicable) <u> </u>

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

TO DEVELOP THE PROPERTIES TO ALLOW FOR MEDICAL PROFESSIONAL OFFICES.

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)* MHS PLANNING & DESIGN 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: LR-CR PROPERTIES LCC

Address: 13185 COUNTY ROAD 353

City, State, Zip: WINONA, TX, 75792

Phone: 903-520-2584

Signature: *Neshia Rudd Member*

Email: NESHIA.RUDD@PROTONMAIL.COM

Owner(s) Name: PLATINUM PROPERTIES

Address: _____

City, State, Zip: _____

Phone: _____

Signature: _____

Email: RRUDD14@YAHOO.COM

Authorized Agent's Name: MHS PLANNING & DESIGN

Address: 212 W 9TH STREET

Phone: 903-597-6606

Signature: *zack clark*

City, State, Zip: TYLER, TX, 75702

Email: ZACH@MHSPLANNING.COM

SUPPORTING INFORMATION

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

AUTHORIZATION OF AGENT

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(Please print all but signature)

Owner(s) Name: PLATINUM RESERVE PROPERTIES, LLC
Address: 107 Cecelia Lane
City, State, Zip: Diana TX 75640
Phone: 903-237-8459
Signature: Randall Rudd
Email: RRUDD14@YAHOO.COM

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

Authorized Agent's Name: MHS PLANNING & DESIGN
Address: 212 W 9TH STREET
Phone: 903-597-6606

Signature: zach clark
City, State, Zip: TYLER, TX 75702
Email: ZACH@MHSPLANNING.COM

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(Please print all but signature)

Owner(s) Name: EILAND WALTER GORDON & KAREN

Owner(s) Name: _____

Address: 6005 NEW COPELAND ROAD

Address: _____

City, State, Zip: TYLER, TX, 75703

City, State, Zip: _____

Phone: 903-780-5886

Phone: _____

Signature: Walter Gordon Karen Eiland

Signature: _____

Email: wjg@iland@gmail.com

Email: _____

Authorized Agent's Name: MHS PLANNING & DESIGN

Signature: zach clark

Address: 212 W 9TH STREET

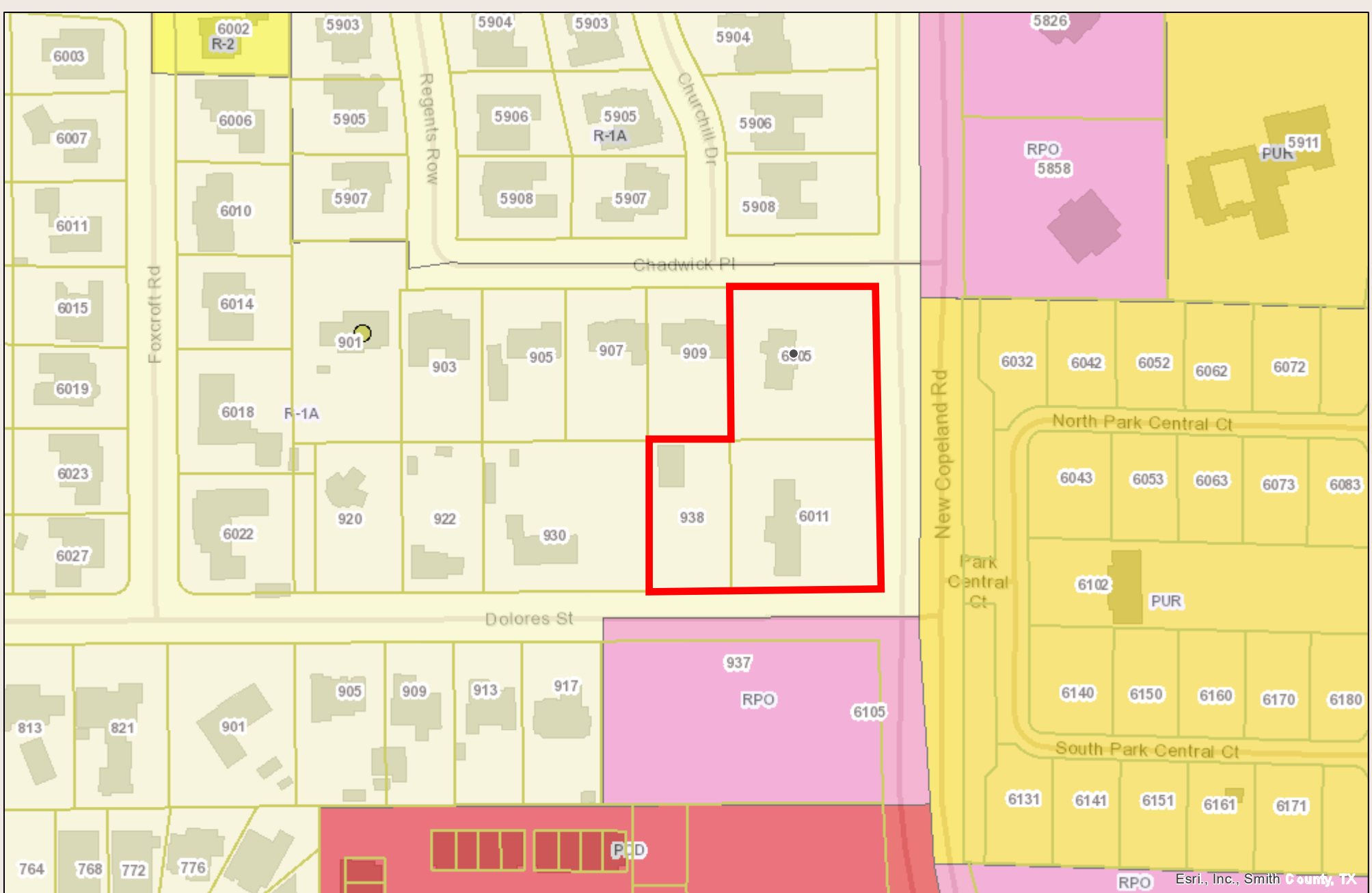
City, State, Zip: TYLER, TX, 75702

Phone: 903-597-6606

Email: ZACH@MHSPLANNING.COM

SUPPORTING INFORMATION

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



2/23/2023, 2:03:49 PM

Web AppBuilder for ArcGIS

- AddressPoints
- Additional Accounts
- Tax Parcels

ZONING MAP

This product is for informational purposes and may not have been prepared for or be suitable for legal, engineering, or surveying purposes. It does not represent an on-the-ground survey and represents only the approximate relative location of property boundaries.

<http://www.smithcountymapsite.org>

