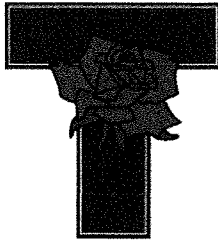


CITY OF TYLER



ZONING APPLICATION

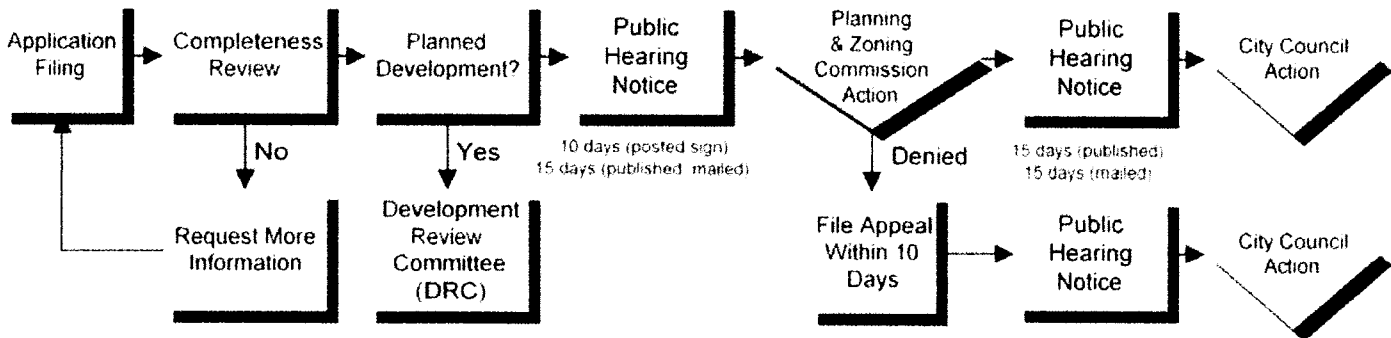
Print Form

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: _____

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): Lot 7-A, Block 656, Childres Addition
2. Property Address of Location (required): 1010 S. Porter Ave., Tyler, 75701

PRESENT ZONING	PROPOSED ZONING
CLASSIFICATION <u>R-1A</u> <input type="checkbox"/>	CLASSIFICATION R-1A <u>R-2</u> <input type="checkbox"/>
OVERLAY (IF APPLICABLE) <input type="checkbox"/>	OVERLAY (IF APPLICABLE) <input type="checkbox"/>
AREA (ACREAGE) <u>0.21</u>	AREA (ACREAGE) <u>0.21</u>
	DWELLING UNITS/ ACRE (if applicable) _____

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

1. Property was ~~proposed~~ purchased with the purpose of having 1 Single Family residence (current structure) and 1 duplex (proposed structure).
2. Location was chosen to provide excellent housing for health care workers (close to the hospitals). Over half of my current tenants are in health care.
3. I believe it is a good fit for the neighborhood as it is next to 2 duplexes (on Devine St.)
4. The hospital district continues to grow and will continue to need new housing for employees.

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) Brian Childres 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: Brian Childres

Address: 923 Joel Dr.

City, State, Zip: Tyler, TX 75703

Phone: 903-570-8835

Signature: Brian Childres

Email: brianchildres@gmail.com

Owner(s) Name: Pamela Childres

Address: 923 Joel Dr.

City, State, Zip: Tyler, TX 75703

Phone: 903-520-4305

Signature: Pamela Childres

Email: pwilliams910@gmail.com

Authorized Agent's Name: Brian Childres

Address: 923 Joel Dr.

Phone: 903-570-8835

Signature: Brian Childres

City, State, Zip: Tyler TX 75703

Email: brianchildres@gmail.com

SUPPORTING INFORMATION

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