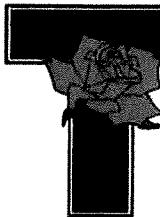


# CITY OF TYLER



## 222-040 ZONING APPLICATION

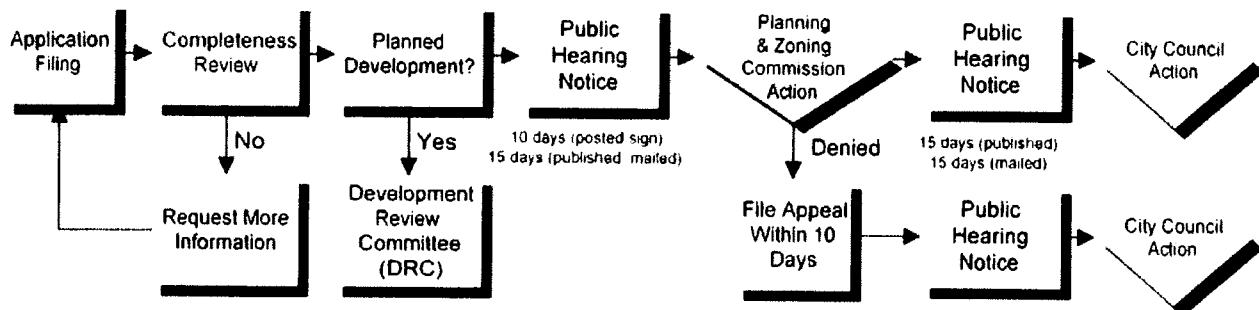
[Print Form](#)

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 18 of NCB 1435
2. Property Address of Location (required): 5308 Old Bullard Road

PRESENT ZONING	PROPOSED ZONING
CLASSIFICATION <u>RPO</u>	CLASSIFICATION <u>C-1</u>
OVERLAY (IF APPLICABLE) _____	OVERLAY (IF APPLICABLE) _____
AREA (ACREAGE) <u>0.327</u>	AREA (ACREAGE) <u>0.327</u>
	DWELLING UNITS/ ACRE (if applicable) _____

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

The applicant is requesting the zone change to align with the zoning on the rest of the contiguous 1.536 Acres applicant owns at 5304 and 5220 Old Bullard Rd. Applicant intends to develop or sell this parcel along with the adjacent parcels to the north. Likely users will be commercial.

**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) Philip Humber 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).

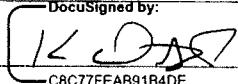
(Please print all but signature)

Owner(s) Name: Ken Dietz Homes, Inc. by Ken Dietz, Jr.

Address: PO Box 1021

City, State, Zip: Tyler, TX, 75711-1021

Phone: 903-352-0444

Signature: 

DocuSigned by:

C8C77FEA891B4DE

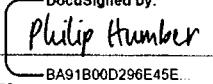
Email: kwd2005@yahoo.com

Owner(s) Name:

Address:

City, State, Zip:

Phone:

Signature: 

DocuSigned by:

BA91B00D296E46E

City, State, Zip: Tyler, TX, 75701

Email: phumber@burns-commercial.com

Authorized Agent's Name: Philip Humber

Address: 909 ESE Loop 323 #650

Phone: 281-382-1438

## SUPPORTING INFORMATION

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

**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 14 of NCB 1435

2. Property Address of Location (required): 5304 Old Bullard Road

PRESENT ZONING	PROPOSED ZONING
CLASSIFICATION AR	CLASSIFICATION C-1
OVERLAY (IF APPLICABLE)	OVERLAY (IF APPLICABLE)
AREA (ACREAGE) 0.47	AREA (ACREAGE) 0.47
	DWELLING UNITS/ACRE (if applicable)

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

The applicant is requesting the zone change, because the Adaptive Reuse District is no longer necessary on the property. Applicant intends to develop or sell this parcel along with the adjacent parcels to the south. Likely users will be commercial.

**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) Philip Humber 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)*

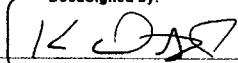
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Address: PO Box 1021

City, State, Zip: Tyler, TX, 75711-1021

Phone: 903-352-0444

Signature:

  
C8C77FEAB91B4DE...

Email: kwd2005@yahoo.com

Owner(s) Name:

Address:

City, State, Zip:

Phone:

Signature:

Email:

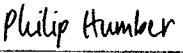
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## SUPPORTING INFORMATION

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