

AUTHORIZATION OF AGENT

- A. I (we), the undersigned, being owner(s) of the real property described above, do hereby authorize *(please print name)* Tracy Dews 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 S. Spigner

Address: 1526 Divinity St,

City, State, Zip: Las Vegas Nevada 89142

Phone: 702-771-9892

Signature: . . Michael S. Spigner

Email: spignerms@G mail.com

Owner(s) Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

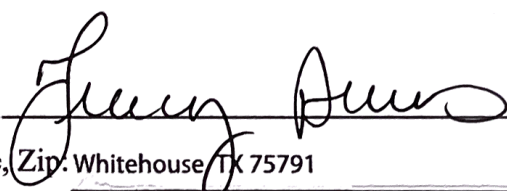
Signature: _____

Email: _____

Authorized Agent's Name: Tracy Dews

Address: 114 Dews Dr.

Phone: 903 539-6948

Signature: 

City, State, Zip: Whitehouse TX 75791

Email: tmdews@yahoo.com

SUPPORTING INFORMATION

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

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 09 Box 325
2. Property Address of Location (required): 420 S Ross ave. (also known as 1104 Williamson

PRESENT ZONING	PROPOSED ZONING
CLASSIFICATION <u>R-MF</u> v	CLASSIFICATION <u>R-2</u> v
OVERLAY (IF APPLICABLE) v	OVERLAY (IF APPLICABLE) v
AREA (ACREAGE) _____	AREA (ACREAGE) _____
	DWELLING UNITS/ ACRE (if applicable) _____

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

CURRENTLY 420 ROSS ST. is zoned for multi units . I would like to have it rezoned for a duplex. The lot will not equip a multi units apartment. This lot address currently has an alternate address on 1104 Williams, Tyler, TX. We would like the area rezoned to R-2 which is not an option listed on the proposed zoning drop down that I was able to find.

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

CITY OF TYLER



ZONING APPLICATION

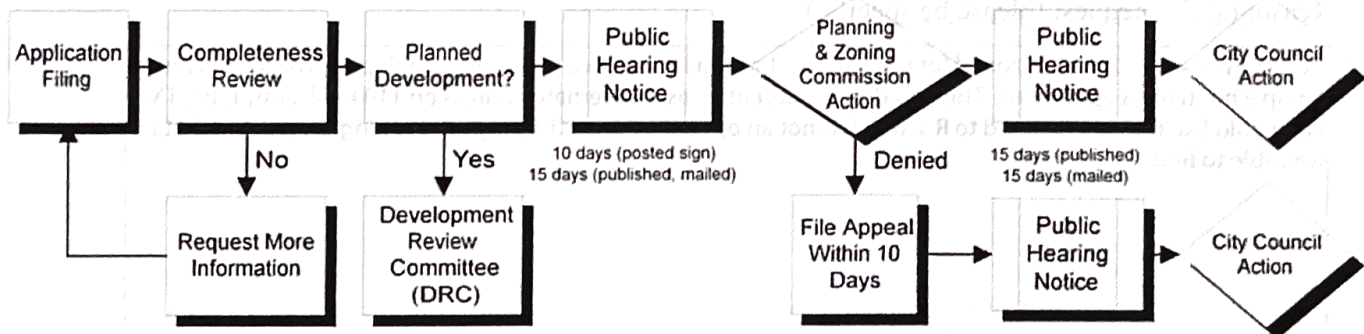
Print Form

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: _____