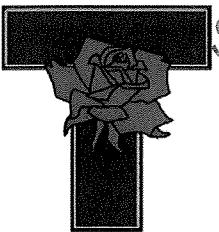


# CITY OF TYLER



502-008

[Print Form](#)

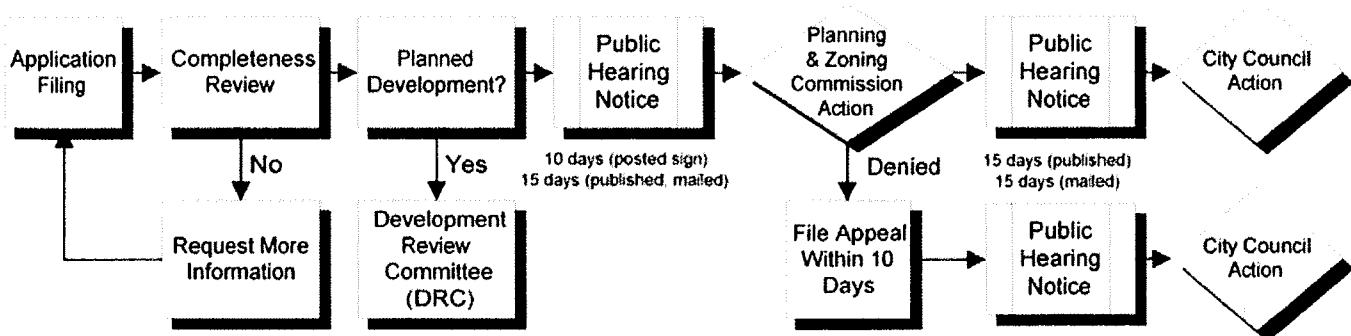
City of Tyler  
Planning Department  
423 W. Ferguson  
Tyler, TX 75702  
(903) 531-1175  
(903) 531-1170 fax

## 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): \_\_\_\_\_
2. Property Address of Location (required): 2347 Sarasota Dr Tyler TX 75701

PRESENT ZONING	PROPOSED ZONING
CLASSIFICATION _____ <input type="button" value="▼"/>	CLASSIFICATION _____ <input type="button" value="▼"/>
OVERLAY (IF APPLICABLE) _____ <input type="button" value="▼"/>	OVERLAY (IF APPLICABLE) _____ <input type="button" value="▼"/>
AREA (ACREAGE) _____	AREA (ACREAGE) _____
	DWELLING UNITS/ ACRE (if applicable) _____

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

I would like to obtain a permit indefinite  
I have no one to take care of my children, I work  
very few hours with my family and friends as  
a stylist and it would not be convenient for me  
to pay for childcare. I have not caused problems  
with the neighborhood since I already have my permit  
for 6 years. I appreciate if you could continue to

### 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) Diana Licea 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: Diana Licea

Address: 2347 Sarasota Dr

City, State, Zip: Tyler TX 75701

Phone: 903-920-4964

Signature: Diana Licea

Email: dianalicea@hotmail.com

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

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

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

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

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

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

Authorized Agent's Name: \_\_\_\_\_

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

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

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

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

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

## SUPPORTING INFORMATION

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