

Case No.: \_\_\_\_\_

**CITY OF ANDREWS**  
**Development Services**

**APPLICATION TO CHANGE ZONING CLASSIFICATION**

Applicant's Name \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Contact Nos. \_\_\_\_\_

Property Owner's Name \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Contact Nos. \_\_\_\_\_

Representative's Name \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Contact Nos. \_\_\_\_\_

Street address and Legal Description of property (complete Block, Lot and Subdivision, or if unplatted, attach a Metes and Bounds description with surveyor's seal).

\_\_\_\_\_  
\_\_\_\_\_

PRESENT ZONE CLASSIFICATION: \_\_\_\_\_

REQUESTED ZONE CLASSIFICATION: \_\_\_\_\_

Reason for Zone Change or Specific Use Amendment: \_\_\_\_\_

\_\_\_\_\_

Present Use of Property: \_\_\_\_\_

Proposed Use of Property: \_\_\_\_\_

How will zone change affect the public health, safety and welfare? \_\_\_\_\_

\_\_\_\_\_

Described how conditions affecting the property have changed since present zoning designation: \_\_\_\_\_

APPLICATION FEE FOR STANDARD ZONE CHANGE: \$200.00  
FOR PLANNED DISTRICT OR SPECIFIC USE PERMIT: \$250.00

SITE PLAN SUBMITTAL (if applicable): 3 copies

SIGNATURE: *(by property owner only – authorized agent must sign affidavit below)*

Property Owner (signature): \_\_\_\_\_ Date: \_\_\_\_\_

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**If an Agent is authorized by the property owner to file and execute the application on behalf of the property owner, the Agent must complete the affidavit below.**

STATE OF TEXAS §  
COUNTY OF ANDREWS §

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_ who, being by me duly sworn, upon oath says: That (s)he is authorized by \_\_\_\_\_, the owner of the above described property, to fully represent him/her in this application and that (s)he had the legal right, power and authority to sign said owner's name hereto as his/her attorney in fact.

\_\_\_\_\_  
Authorized Agent (signature)

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to certify which witness my hand and seal of office.

\_\_\_\_\_  
NOTARY PUBLIC, ANDREWS COUNTY, TEXAS

**Zoning Application will be considered for scheduling only after signed and all requested information is received.**