

**APPLICATION
FOR ZONING/VARIANCE**

OWNER'S NAME: _____

LEGAL DESCRIPTION: _____

Is Demolition proposed? _____

If Yes, how many residential units will be demolished? _____ Unknown _____

Number of these residential units currently occupied: _____

Is this zoning request to rezone a parcel that contains an existing mobile home park with five or more occupied units?

No _____ If yes, how many? _____

Type of Residential Unit: Single Family, duplex, triplex, townhouse/condo, multi-family, manufactured home, etc.: _____

Number of Proposed Residential units (if applicable): _____

If Yes, How many of the following:

_____ 1 Bedroom _____ 2 Bedroom

_____ 3 Bedroom _____ 4 Bedroom _____ Unknown

AREA TO BE RE-ZONED: ACRES _____ OR SQ FT _____

Existing Zoning _____

Existing Use _____

Tract # _____

of Acres/SqFt _____

Max # of Res Units Per Acre _____

Proposed Zoning _____

Proposed Use _____

Tract # _____

Proposed # of Acres/SF _____

Max # of Res Units Per Acre _____

Proposed Total # of Units Per Acre _____



Deed Reference of Deed Conveying Property to the Present Owner:

VOLUME: _____ PAGE: _____ OR DOCUMENT # _____

SQ. FT: _____ or ACRES _____

WATER UTILITY PROVIDER: _____

WASTEWATER UTILITY PROVIDER: _____

ELECTRIC UTILITY PROVIDER: _____

SCHOOL DISTRICT: _____

OWNERSHIP INFORMATION

TYPE OF OWNERSHIP ____ SOLE ____ COMMUNITY PROPERTY ____ PARTNERSHIP
____ CORPORATION ____ TRUST

If ownership is other than sole or community property, list the individuals, partners, principals, etc. below or attach a separate sheet.

Ownership Information

Signature: _____

Name: _____

Firm Name: _____

Telephone Number: _____

Street Address: _____

City/State/Zip: _____

Agent/Principal Contract (If Applicable)

Signature: _____

Name: _____

Firm Name: _____

Telephone Number: _____

Street Address: _____

City/State/Zip: _____

Contact Person: _____ Telephone Number: _____

Submittal Verification

My signature attests to that the attached application package is complete and accurate to the best of my knowledge. I understand that City staff review of this application is dependent upon the accuracy of the information provided and that any inaccurate or inadequate information provided by me/my firm/etc., may delay the review of this application.

Please type or print name below signature and indicate firm represented, if applicable.

Signature Date

Name (Typed or Printed)

Firm

Please submit your completed application to the Barstow Water Department Building either in person, via regular/certified mail to P.O. Box 98 Barstow, Texas 79719, or scan and email same to CityOfBarstow@gmail.com.