



Phone: 817-489-2201
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Zoning Application

Applicant Name		Contact Number	Email
Address		City/State	Zip
Property Owner(s)		Contact Number	Email
Address		City/State	Zip
Current Zoning	Proposed Zoning	Acreage/Lot of Requested Zoning Classification	
Property Address / Description			

Are any Deed restrictions in place that would prevent this property being used in the manner proposed? ☐ Yes ☐ No

If yes, list restrictions; _____

Justification for requested zoning change: _____

Note: All zoning changes require public notification in the newspaper and by mail to the nearby property owners prior to the hearing dates. Public hearings are required prior to City Council votes.

I, owner or authorized agent of the above reference property do hereby execute this document and attest that the information included in this application is true and correct to the best of my knowledge.

Signature of Applicant: _____

Date: _____

Office Use Only

Application received date: _____ Received by: _____

Fees Paid: Cash _____ Check _____ Credit _____ Receipt No. _____

Documents to submit:

- _____ Completed Application
- _____ List of names and properties located within 200 feet of the property proposed to be changed.
- _____ Proof of ownership
- _____ Proof that no delinquent taxes against property
- _____ Application Fee of \$500
- _____ Copy of plat or survey document, to include meets and bounds
- _____ Digital copy of plat or survey in PDF format
- _____ Development Agreement (if applicable)
- _____ Development Site Plan (if applicable)

Office Use Only

Date of Proposed Public Hearing: _____
Date Legal Notice Published in Newspaper: _____
Notices Mailed: Date: _____ Number sent: _____
Number Returns Received: For: _____ Against: _____

Public Hearing – Planning & Zoning Commission:

Date: _____
Action: _____
Ordinance No. _____ Zoning Map No. _____