



City of Garden Ridge

9400 Municipal Parkway
Garden Ridge, Texas 78266-2366
(210) 651-6632
Fax (210) 651-9638

CHANGE OF ZONING APPLICATION

(Type or Print)

1. Date: _____ Case #: _____

2. Applicant Name: _____
(First) (Middle) (Last)

3. Mailing Address: _____
(Street)

(City) (State) (Zip)

Phone: ()-

4. Applicant's relationship to property to be rezoned:
Sole owner () Part owner () Other: (Specify) _____
(If not sole owner, furnish a notarized letter of authorization from all owners as attachment 1.)

5. Property location: _____
(Street address or street property front)

6. Legal description:
Plat: Lot(s) _____ Block(s) _____

Subdivision _____

Acreage: _____ (If acreage, provide separate metes and bounds description as attachment 2.)

Property Deed recorded in Comal County Volume # _____ Page # _____

7. Existing use of property:

8. Proposed use of property: _____

9. Give dimensioned map with north orientation, scaled 100 or 200 feet per inch. of the property to be rezoned showing all streets and parcels of land within 300 feet of the property as attachment 3. Key each adjoining land parcel to a list of current owners and addresses as attachment 4.

10. Give site plan showing location, dimensions and uses of existing or proposed structures, easements, water sources, fences, curb cuts, street and alley right-of-way lines within one foot of property to be rezoned, on another map of larger scale, as attachment 5.



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11. Identify any deed restrictions on agriculture, residential, business or other use. If none, so state:

12. Reason for requesting zoning change (attach additional sheet if needed): _____

13. The undersigned hereby requests that the property identified in this application be reclassified from: _____ district, to: _____ district, in accordance with Garden Ridge City Ordinance 13. I consent to the posting of hearing notices on the said property. I understand that the information provided herein will be used by the City of Garden Ridge for sending required notices to adjacent property owners. I bear full responsibility and liability for any losses or costs incurred by the City, or others, caused by errors or omissions in this application.

14. Applicant Signature: _____

_____ Attachments:

1. Owner(s) letters of authorization, if applicable
2. Metes and Bounds description of property, if applicable
3. Map of property
4. List of adjacent property owners
5. Site plan
6. Check for zoning change fee per Garden Ridge City Ordinance 11. .



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CITY USE ONLY

APPLICATION FOR CHANGE OF ZONING

| | | DATE |
|---------------|--|-------|
| City Admin.: | Application received | _____ |
| | Application verified | _____ |
| | Fee received \$_____ Check #_____ | _____ |
| | Application sent to P&Z | _____ |
| P&Z | Owners acceptance of application | _____ |
| | Notice to adjoining property owners | _____ |
| | Notice of public hearing | _____ |
| | Public hearing conducted | _____ |
| | P&Z decision on rezoning | _____ |
| | P&Z recommendation to City Council | _____ |
| City Council: | Notice to adjoining property owners | _____ |
| | Notice of public hearing | _____ |
| | Public hearing conducted | _____ |
| City Admin: | Applicant notified of Council Decision | _____ |
| | Zoning ordinance change published | _____ |