



415 N. College Ave  
Justin, Texas 76247  
(940) 648-2541

# City of Justin Zone Change Application

Reference #: \_\_\_\_\_

Subdivision Name \_\_\_\_\_ Lot(s) \_\_\_\_\_ Block(s) \_\_\_\_\_

Survey Name(s) \_\_\_\_\_ Abstract No.(s) \_\_\_\_\_ Tract(s) \_\_\_\_\_

Address/Location \_\_\_\_\_ Acres \_\_\_\_\_

Current Zoning \_\_\_\_\_ Requested Zoning \_\_\_\_\_

Existing Use \_\_\_\_\_ Proposed Use \_\_\_\_\_

## Reason for Requesting Change in Zoning

### Applicant

\_\_\_\_\_  
Company or Name

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

### Owner (If Different)

\_\_\_\_\_  
Company or Name

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

I further understand that this request will be placed on the appropriate Planning & Zoning Commission and City Council agendas and must meet requirements of the Zoning Ordinance.

\_\_\_\_\_  
Signature of Applicant, Owner, or Authorized Agent

\_\_\_\_\_  
Date

### Planning Official

Fee: \$ \_\_\_\_\_

\_\_\_\_\_  
Date of P&Z Meeting

\_\_\_\_\_  
Date of Council Meeting

\_\_\_\_\_  
Signature of Planning Official

### \*\*FOR OFFICE USE ONLY\*\*

Received By \_\_\_\_\_ Date Received \_\_\_\_\_ Date Approved \_\_\_\_\_

\_\_\_\_\_  Cash  CC  Check #(s): \_\_\_\_\_

\_\_\_\_\_ Date Paid