



TOWN OF HORIZON CITY
 14999 Darrington Road
 Horizon City, Texas 79928
 Phone 915-852-1046 Fax 915-852-1005

ZONING VERIFICATION APPLICATION

1. Owner of Record: _____

(ADDRESS) _____ (ZIP) _____ (PHONE) _____ (EMAIL) _____

2. Applicant _____ Is applicant also the Owner? Yes No

Contact Person _____

(ADDRESS) _____ (ZIP) _____ (PHONE) _____ (EMAIL) _____

3. PARCEL ONE

Site Address/Location _____

Legal Description: _____
(Lot) (Block) (Subdivision Name)

CONTIGUOUS PID or GEO ID NUMBER(S): _____

Legal Description: _____
(Lot) (Block) (Subdivision Name) For additional legal descriptions provide attachment.

4. I AM REQUESTING THE FOLLOWING INFORMATION (check boxes that apply):

- The zoning district designation for this property, including any zoning conditions, special contracts, variances, or specific use permit.
- Permitted uses for this property.
- Legal non conforming (grandfathered) determination.
- Compliance with all subdivision requirements.
- Classification of use from the Zoning Administrator
- Special zoning request.
- Other: _____

5. Signatures:

 (OWNER'S SIGNATURE)

 (OWNER'S PRINTED NAME)

 (APPLICANT'S SIGNATURE) Affidavit required if owner signature is not provided.

 (APPLICANT'S PRINTED NAME)

FEE SCHEDULE: (NON-REFUNDABLE)

\$140.00 Flat Fee (Contiguous Lots) Separate application and fee for non contiguous lots

Application Received By: _____
 Date Application Rec'd: _____