



CITY OF PORT ARANSAS
 710 W. AVENUE A
 PORT ARANSAS, TEXAS 78373-4128
 361-749-4111
 FAX 361-749-4723
 www.cityofportaransas.org

APPLICATION FOR ZONING CHANGE REQUEST

Date of Application: _____ City Fee: \$350.00

City Fee Paid: _____

Name of Applicant: _____

Address: _____

Phone #: _____ Fax #: _____

Legal Description of applicant's property: Lot(s): _____ Block: _____

Subdivision/Addition: _____

Zoning Change From: _____ To: _____

Applicant signature: _____

(OFFICE USE ONLY)

Letters sent to property owners within 200' of requested change: _____

P&Z Hearing Notice Publication (All notices shall be posted 15 days PRIOR to meeting) e-mail Notice: _____

Publicized: _____ Public Hearing Date & Time: _____

Council Hearing: Publicized: _____ Public Hearing Date & Time: _____

Letters Sent to Applicant

Date

Notice of placement on Planning & Zoning Agenda	_____
Notice of Planning & Zoning action and placement on City Council Agenda	_____
Notice of City Council action	_____
1 st reading of Ordinance	_____
2 nd reading of Ordinance	_____
3 rd reading of Ordinance	_____

Planning & Zoning Commission Action

Date: _____

Approved _____ Disapproved _____ Tabled _____
 Reason _____

City Council Action

1st reading of Ordinance: _____ 2nd reading of Ordinance: _____

3rd reading of Ordinance: _____