

FOR OFFICIAL USE ONLY

APPLICATION DATE: _____ FILE NO. _____

TENTATIVE P&Z HEARING: _____ TENTATIVE COUNCIL HEARING: _____

CITY INITIATED: YES - NO PLANNING AREA: _____ ZONING REQUESTED: _____

ZONING FEES: \$ _____ DATE PAID: _____ RECEIPT NO. _____

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**APPLICATION FOR ZONING
RESIDENTIAL—NON-COMMERCIAL**

STREET ADDRESS OF
PROPERTY TO
BE ZONED*: _____ Wimberley, Texas

HAYS COUNTY CENTRAL
APPRAISAL DISTRICT (HCAD)
PROPERTY ID#: R _____ **

* New street addresses can be obtained by calling (512) 393-2160
** This number may be obtained from your property tax statement or HCAD's website.

PLEASE PROVIDE DIRECTIONS TO YOUR PROPERTY:

NOTE: Please clearly mark your property so it is easily identifiable.

1. OWNER'S NAME: _____ HOME PHONE: () _____
_____ BUSINESS PHONE: () _____
_____ FAX: () _____
E-MAIL: _____

OWNER'S CURRENT MAILING
ADDRESS _____ CITY _____ STATE _____ ZIP _____

2. HEARING REPRESENTATIVE
NAME: _____ PHONE: () _____
FAX: () _____

REPRESENTATIVE'S MAILING
ADDRESS: _____ CITY _____ STATE _____ ZIP _____

3. NAME OF REAL ESTATE COMPANY INVOLVED: _____

PROPERTY INFORMATION

4. TOTAL AREA TO BE ZONED: ACRES _____ (OR) SQ.FT. _____ TOTAL NO. of TRACTS: _____

5. PLANNING AREA(S) : _____ 6. PROPOSED ZONING: _____

EXISTING ZONING CLASSIFICATION(S) AND USES (if applicable): _____

6. EXISTING STRUCTURES: _____

PROPOSED STRUCTURES/USE: _____

7. LEGAL DESCRIPTION

Subdivision: _____ Lot(s) _____

Block(s) _____ Plat Book: _____ Page Number: _____

8. **DEED RECORDS:** (REFERENCE OF DEED CONVEYING PROPERTY TO THE PRESENT OWNER):

VOLUME: _____ PAGE: _____ OF COUNTY PLAT RECORDS

9. OTHER PROVISIONS

A. IS PROPERTY IN AN OVERLAY DISTRICT? YES _____ NO _____ UNKNOWN _____

TYPE OF OVERLAY ZONE(S) (if applicable) _____

B. FLOOD PLAIN (What, if any, flood zone does your property occupy?): _____

C. ELECTRIC UTILITY PROVIDER : _____

WATER UTILITY PROVIDER: _____

WASTEWATER UTILITY PROVIDER: _____

HAYS COUNTY SEPTIC PERMIT NUMBER (if applicable): _____

SITE INSPECTION AUTHORIZATION

Applicant/owner, or Applicant's authorized agent, hereby authorizes the City of Wimberley representatives to visit and inspect the property for which this application is being submitted.

Date: _____ APPLICANT SIGNATURE _____

WHEN APPLICABLE:

Date: _____ AGENT SIGNATURE _____

**ACKNOWLEDGMENT OF EXISTING
Subdivision Plat Notes, Deed Restrictions Restrictive Covenants
and/or Zoning Conditional Use Permits**

I, the Applicant herein, have checked the subdivision plat notes, deed restrictions, restrictive covenants and/or zoning conditional use permits prohibiting certain uses and/or requiring certain development restrictions (for example, height, access, screening) on the property now being zoned on my behalf and located at: _____, and more particularly known as Lot _____, Block _____ of the _____ Subdivision.

If a conflict should result with the request I am submitting to the City of Wimberley due to subdivision plat notes, deed restrictions, restrictive covenants and/or zoning conditional use permits it will be my responsibility to resolve it. I also acknowledge that I understand the implications of use and/or development restrictions that are a result of subdivision plat notes, deed restrictions, restrictive covenants and/or zoning conditional use permits.

I understand that if requested, I must provide copies of any and all subdivision plat notes, deed restrictions, restrictive covenants and/or zoning conditional use permit information, which may apply to this property.

Date: _____ APPLICANT SIGNATURE _____

WHEN APPLICABLE:

Date: _____ AGENT SIGNATURE _____

SUBMITTAL CHECKLIST

- Complete Zoning Application.
- Provide a plat map of the property to be zoned, showing scale.
- Provide a plat map of all properties within 200 feet of any portion of Applicant's property and indicate Applicant's property on such map. Map must clearly indicate scale of map, streets and main arteries leading to property.
- Provide names and addresses of property owners within 200 feet of any portion of Applicant's property.
- Provide a legal description of the property to be zoned.
- Sign/date Submittal Verification form.
- Sign/date Site Inspection Authorization form.
- Sign/date Acknowledgement Form.
- Pay Zoning Fee (this fee is based on the cost of services incurred by the City of Wimberley in reviewing, processing and recording the zoning request).
- Applicant agrees to attend Planning & Zoning Commission hearings scheduled for Applicant's proposed zoning (or sign waiver below).
- Sign/date Submittal Verification and/or Waiver of Appearance form.
- Applicant agrees to attend City Council hearing scheduled for Applicant's proposed zoning.

SUBMITTAL VERIFICATION AND/OR WAIVER OF APPEARANCE

- () My signature attests to the fact that the attached application package is complete and accurate to the best of my knowledge. I understand that City review of this Application is dependent upon the accuracy of the information provided and that any inaccurate or inadequate information provided by me, my firm, or agent, may delay the review of the Application.
- () I hereby waive my right to appear before the City of Wimberley City Council at the public hearing to be held concerning the zoning of my above-referenced property. I understand that my failure to appear allows the Council to consider my zoning request; however, if questions are raised that cannot be answered, the matter will be continued.

Date: _____ APPLICANT SIGNATURE _____

WHEN APPLICABLE:

Date: _____ AGENT SIGNATURE: _____