

**CITY OF HARLINGEN PLANNING AND ZONING DIVISION
MASTER APPLICATION**

PROPERTY INFORMATION: *(Please PRINT or TYPE)*

Project Address _____ Nearest Intersection _____
 (Proposed) Subdivision Name _____ Lot _____ Block _____
 Existing Zoning Designation _____ Future Land Use Plan Designation _____

OWNER/APPLICANT INFORMATION: *(Please PRINT or TYPE)*

Applicant/Authorized Agent _____ Phone _____ FAX _____
Email Address (for project correspondence only): _____
 Mailing Address _____ City _____ State _____ Zip _____
 Property Owner _____ Phone _____ FAX _____
Email Address (for project correspondence only): _____
 Mailing Address _____ City _____ State _____ Zip _____

Select appropriate process for which approval is sought. Attach completed checklists with this application.

- | | |
|---|--|
| <input type="checkbox"/> Annexation Request..... <u>No Fee</u> | <input type="checkbox"/> Preliminary Plat..... <u>\$100.00</u> |
| <input type="checkbox"/> Administrative Appeal (ZBA)..... <u>\$125.00</u> | <input type="checkbox"/> Final Plat..... <u>\$50.00</u> |
| <input type="checkbox"/> Comp. Plan Amendment Request... <u>\$250.00</u> | <input type="checkbox"/> Minor Plat..... <u>\$100.00</u> |
| <input type="checkbox"/> Re-zoning Request..... <u>\$250.00</u> | <input type="checkbox"/> Re-plat..... <u>\$250.00</u> |
| <input type="checkbox"/> SUP Request/Renewal..... <u>\$250.00</u> | <input type="checkbox"/> Vacating Plat..... <u>\$50.00</u> |
| <input type="checkbox"/> Zoning Variance Request (ZBA)..... <u>\$250.00</u> | <input type="checkbox"/> Development Plat..... <u>\$100.00</u> |
| <input type="checkbox"/> PDD Request..... <u>\$250.00</u> | <input type="checkbox"/> Subdivision Variance Request..... <u>\$25.00 (each)</u> |

Please provide a basic description of the proposed project: _____

I hereby certify that I am the owner and/or duly authorized agent of the owner for the purposes of this application. I further certify that I have read and examined this application and know the same to be true and correct. If any of the information provided on this application is incorrect the permit or approval may be revoked.

Applicant's Signature: _____ Date: _____
 Property Owner(s) Signature: _____ Date: _____
 Accepted by: _____ Date: _____

STAFF USE - SUBDIVISIONS	Submittal Date: _____ Subdivision Review Date: _____ Revisions Submitted: _____ Date Filed: _____ (Replat) Date Public Notice Published _____ Mailed _____ P&Z Consideration: _____ Approved ___yes___no Rezoning Required ___yes___no Variance Requested ___yes___no P&Z Meeting _____ City Commission _____ 2 nd _____ Notes:
STAFF USE - ZONING	Submittal Date: _____ Review Comments to Applicant: _____ Re-submittal Date: _____ Date Public Notice Published _____ Mailed _____ P&Z Meeting _____ City Commission _____ 2 nd _____ Notes:
STAFF USE - ZBA	Submittal Date: _____ Review Comments to Applicant: _____ Revisions Submitted: _____ Date Public Notice Published _____ Mailed _____ ZBA Meeting _____ Approved ___yes___no Notes: