



OFFICE USE ONLY	
Date received: _____	Fee: \$ _____
P&Z Public Hearing date: _____	
Date to send cert. letters: _____	
Date to publish: _____	
Proof of taxes paid: _____	date verified: _____

**CITY OF ANGLETON
RE-ZONE APPLICATION**

Name(s) of Property Owner: _____

Current Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Cell: _____

ATTACH PROOF THAT ALL TAXES, FEES AND OBLIGATIONS HAVE BEEN PAID TO THE CITY OF ANGLETON.

Name of Applicant: _____

(If different than Property Owner)

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Cell: _____

Address/Location of Property to be Re-zoned: _____

Legal Description: _____

Metes & Bounds Lot(s) Block Subdivision

ATTACH MAP/SURVEY OF PROPERTY

Has the property been platted? YES NO

Current Zoning: _____ Current Use: _____

Proposed Zoning: _____ Proposed Use: _____

Application Fee: \$150.00 (must be submitted with application)