# **City of Beeville**

400 N. Washington Beeville, TX 78102 361-358-4641 Office 361-362-9013 Fax



## **Planning & Zoning Application**

1.	Applicant

Name:	 	
Address:		
City/State/Zip:		
Address: City/State/Zip: Phone:		
Fax: E-mail:		
E-mail:		

#### 2. Property Owner

Name:	 	
Address:	 	
City/State/Zip:	 	 
Phone:	 	 
Fax:	 	 
E-mail:	 	 

#### 3. Legal Description

Street Address:	 
Subdivision Name:	
Block:	
Lot:	
Current Zone:	
Zone Change:	

### 4. Provide a description of your request. Provide a plat, or other documentation.

**Applicant's Signature** 

Date

Approved By Signature

OFFICE USE ONLY
Date of Next Meeting: \_\_\_\_\_\_
Date of Public Hearing Notice in the Paper: \_\_\_\_\_\_
Ordinance Number: \_\_\_\_\_\_ Section: \_\_\_\_\_\_
Approved/Denied on: \_\_\_\_\_\_
Approved/Denied by City Council on: \_\_\_\_\_\_

Date