

City of Cleveland
Application for Property Rezoning

THERE IS A \$300.00 FILING FEE.

Date of Application _____ \$300.00 Fee Received _____

Name of Agent _____ Phone _____

Address _____

Name of Owner _____ Phone _____

Address _____

Property Description: _____

Address _____

Subdivision _____ Block _____ Lots _____

Plat of Area Attached _____ Metes and Bounds Attached _____

APPLICATION CHECKLIST

CERTIFIED PROPERTY OWNERS WITHIN 200-FEET OF THE PROPERTY
 LISTS PRINTED MORE THAN TWO WEEKS PRIOR TO APPLICATION SUBMITTAL
 MAY NOT BE ACCEPTED (LIBERTY COUNTY APPRAISAL DISTRICT 281-593-1605)

SITE PLAN (TO SCALE)

SURVEY

CURRENT TAX RECEIPTS
 (TAX OFFICE LOCATE AT 300 CAMPBELL, 281-593-8415)

TITLE REPORT (IF LAND WAS PURCHASED WITHIN THE LAST 60 DAYS)

NON-REFUNDABLE APPLICATION FEE \$300.00

Applicant's Certificate

I affirm that my statements contained in the Application are true and correct to the best of my knowledge.

Signed _____

***** Office Use Only *****

Present Zone _____ Zone Requested _____

Public Hearing _____

Informal Discussion _____

Purpose Requested _____

Submitted to Planning and Zoning Commission:

Date _____

Approved _____ Denied _____ Other _____

Comments _____

Public Hearing Scheduled City Council _____

Approved _____ Denied _____ Other _____

Comments _____

Final Disposition _____