


ZONING ORDINANCE NO. 2252

14A Attachment 6

**EXHIBIT "F"**  
**REZONING APPLICATION**

	CITY OF SAN BENITO PLANNING DEPARTMENT	400 N. Travis Street San Benito, TX 78586
	APPLICATION FOR REZONING	(956) 361-3800 (ph.) (956) 361-3810 (fax)
<b>APPLICANT INFORMATION (Please PRINT or TYPE)</b>		
Name _____		
Address _____		
City _____	State _____	Zip _____
Phone No. _____ (_____) _____	Fax No. _____	
E-mail _____		
<b>PROPERTY INFORMATION (Please PRINT or TYPE)</b>		
Owner of Property _____		
Address of Property _____		
City _____	State _____	Zip _____
Legal Description of Property: Lot _____, Block _____		
Subdivision _____		
Existing Zoning _____	Proposed Zoning _____	
Existing Land Use _____	Proposes Land Use _____	
<b>REQUIREMENTS</b>		
<input type="checkbox"/> \$200.00 (non-refundable)		
<input type="checkbox"/> Survey and Metes & Bounds if the legal description is a portion of a lot		
<input type="checkbox"/> Tax Certificates (City, School)		
<input type="checkbox"/> Warranty Deed		
Please provide a basic description of the proposed project: _____		
_____		
_____		
I hereby 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 _____	
Revised 5/10		

(Ordinance 2252 adopted 7/1/14)