



Case No.: _____

406 S. Seguin Street - Converse, TX 78109
Phone: 210-658-5356 Fax: 210-659-0964
www.conversetx.net

REZONING APPLICATION

Date of Request: _____

Record Owner of Property:

Owner Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone No.: _____ Email: _____

Agent*/Applicant:

Agent/Applicant Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone No.: _____ Email: _____

Property Information:

Property Address or General Location: _____
Property ID(s): _____ Current Zoning: _____
Legal Description: Lot(s): _____ Block(s): _____ Subdivision: _____
Lot Acreage: _____ Present Use of Property: _____

Description of Rezoning Request _____

I hereby certify that I am the agent/record owner of the property. I further certify that the information provided on this application is true and correct.*

I understand that this request must go forward to the Planning & Zoning Commission with further review with City Council before a final decision will be presented to me.

Record Owner Signature: _____ Date: _____
Agent*/Applicant Signature (if not owner): _____ Date: _____
Printed Name of Applicant: _____

For Office Use Only

Date Received: _____ Fee Received By: _____
Amount: \$ _____ Cash: _____ Check: _____ Credit Card: _____ Receipt No.: _____

* An agent must submit a signed Letter of Authorization from the Record Owner when submitting this application.