



# Development Application

Submission of an application does not indicate acceptance by the City of Umland

### Type of Request:

- Annexation
- Zone Change
- Zoning Change CUP
- Zoning Planned Development District
- Zoning Variance
- Site Development Permit
- Other: \_\_\_\_\_
- Plat Certification
- Preliminary Plat
- Final Plat
- Replat
- Amending Plat
- Minor Plat
- Plat Waiver

Project Name/Description: \_\_\_\_\_

### Site Location Information

Legal Description \_\_\_\_\_

County Appraisal District Parcel ID # (all properties) \_\_\_\_\_

Address: \_\_\_\_\_ Number of Lots: \_\_\_\_\_ Acreage: \_\_\_\_\_

General Location of Property (if no address): \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

School District:  Hays Consolidated ISD  Other: \_\_\_\_\_

Emergency Services District (s): \_\_\_\_\_

### Zoning Information

Current Zoning: \_\_\_\_\_ Requested Zoning (if applicable): \_\_\_\_\_

Existing Land Use: \_\_\_\_\_ Proposed Land Use (if applicable): \_\_\_\_\_

### Property Owner Information

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant Information** -  Check box if same as property owner

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

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**Engineer/Surveyor Information** (if applicable)

Name: \_\_\_\_\_  
(Company) (Contact Person)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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**Authorized Agent Information** (if applicable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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I certify that I am the actual owner of the property described above and this application is being submitted with my consent (include corporate name if applicable) OR I am authorized by the property owner to submit this application and have attached written evidence of such authorization AND that I have reviewed the application, and all information submitted here in is true and correct.

Signature Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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**Office Use Only**

Received Date: \_\_\_\_\_ Date Application Deemed Complete: \_\_\_\_\_

Reviewed By: \_\_\_\_\_