



**CITY OF UHLAND**

15 North Old Spanish Trail  
Uhland TX. 78640  
512-398-7399  
[city@uhlandtx.us](mailto:city@uhlandtx.us)

**ZONING CHANGE APPLICATION & CHECKLIST**

*A pre-submittal meeting is required. Please contact the City of Umland at 512-398-7399 to schedule an appointment. Submittals are only accepted on the fourth Friday of the month.*

*Includes Planned Development District*

**Required Items for Submittal Package:**

- \_\_\_ 1. Completed application form with owner’s original signature.
- \_\_\_ 2. Letter explaining the reason for the request.
- \_\_\_ 3. Application Fee (See City of Umland Fee Schedule Ordinance).
- \_\_\_ 4. A map or plat showing the area being proposed for rezoning.
- \_\_\_ 5. A clear and legible copy of field notes (metes and bounds) describing the tract.
- \_\_\_ 6. Certified Tax Certificates:  County: \_\_\_\_\_
- \_\_\_ 7. Copy of Deed showing current ownership.
- \_\_\_ 8. Certified list of property owners within 200”.

*(please print clearly)*

**OWNER INFORMATION:**

Owner’s Name: \_\_\_\_\_

Owner’s Signature: \_\_\_\_\_

Owner’s Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Please Note: The signature of the owner authorizes City of Uhland staff to visit and inspect the property for which this application is being submitted.**

*(check one):*

\_\_\_\_ **I will represent my application.**

\_\_\_\_ **I hereby authorize the person named below to act as my agent in processing this application.**

Agent: \_\_\_\_\_

Agent Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I hereby authorize the person named above to act as my agent in processing this application before the Planning and Zoning Commission and City Council of the City of Uhland.

\_\_\_\_\_  
Owner' Signature

\_\_\_\_\_  
Date

Please note that the checklist is required to be filled out by the applicant or designated agent. Place a check mark on the line in front of the number if you have complied with that item. If the checklist item is not applicable to your application, indicate such. This checklist is provided only as a guide. If the applicant has any questions regarding the regulations, the applicant should consult the Zoning Ordinance or contact City staff. City Ordinances can be obtained from the City of Uhland and on line at [www.cityofuhland.com](http://www.cityofuhland.com).

**ADDRESS AND LEGAL DESCRIPTION OF PROPERTY:**

Provide certified field notes describing the property being proposed for rezoning.

Provide complete information on the location of the property being proposed for rezoning.

Street Address: \_\_\_\_\_

Subdivision Name / Lot & Block Numbers: \_\_\_\_\_

Property Recording Information:

Hays County: Volume \_\_\_\_\_ Page \_\_\_\_\_ Inst: # \_\_\_\_\_

Caldwell County: Cabinet \_\_\_\_\_ Slide No. \_\_\_\_\_

**ZONING REQUEST:**

Current Zoning Classification: \_\_\_\_\_

Current or most recent use of the Property: \_\_\_\_\_

Proposed Zoning Classification: \_\_\_\_\_

Proposed use of the Property: \_\_\_\_\_

Acreeage / sq. ft. of Zoning: \_\_\_\_\_

***Please Note: The signature of the owner authorizes City of Umland staff to visit and inspect the property for which this application is being submitted.***

**I hereby request that my property, as described above, be considered for rezoning:**

***Please note that this document must be signed before a Notary Public.***

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

State of Texas  
County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_, Notary Public for the State of Texas personally appeared, \_\_\_\_\_ proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by the signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

Witness My Hand and Official Seal

(seal)

\_\_\_\_\_  
Notary Public State of Texas

<i>Office Use Only:</i>		
Accepted for Processing:	By:	Date:
Date of Public Notification in Newspaper:		
Date of Public Hearing before Planning and Zoning Commission:		
Date of Public Hearing before City Council:		
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By:	Date:
Permit No:		
Certified Tax Certificates:		
Fee Amount:	Received By:	Date:
Comments:		

