



City of Leander Planning Department
 104 North Brushy Street
 PO Box 319
 Leander, Texas 78646-0319
 Fax (512) 528-2729
www.leandertx.gov

Project Name: _____
 Submittal Date: _____
 Zoning Case #: _____
 (City will assign case #)

COMPREHENSIVE PLAN AMENDMENT

APPLICATION & CHECKLIST

An appointment is required to submit a Zoning Change application. Please contact the Planning Department at 512-528-2750 to schedule an appointment.

INSTRUCTIONS

- Fill out the following application and checklist completely prior to submission.
- Use the most current application from the City's website (www.leandertx.gov) or at City Hall.
- City ordinances can be obtained at our website or City Hall.

REQUIRED ITEMS FOR SUBMITTAL PACKAGE:

- ___ 1. Completed application form with owner's original signature.
- ___ 2. Letter of intent explaining requested comprehensive plan amendment. Include statements supporting request.
- ___ 3. Comprehensive Plan Amendment Fees (calculation listed below). If the request is combined with a zoning application, only the filing fee is required.

FILING FEE CALCULATION:

Filing Fee:	\$ 200.00
Public Hearing Notification (newspaper):	+ \$ 150.00
Professional Recovery Fee:	+ \$ 250.00
TOTAL FEE (due at the time of application submission):	\$ _____

\$200 plus new notification fees apply if case is postponed after public notification

PROPERTY INFORMATION (if the amendment is associated with a specific property):

Property Address: _____ Property Acreage: _____
 Legal Description: _____ County Short ID#: _____
CURRENT ZONING: _____

APPLICANT INFORMATION:

Please Note: The signature of owner authorizes City of Leander staff to visit and inspect the property for which this application is being submitted. The signature also indicates that the applicant or his agent has reviewed the requirements of this checklist and all items on this checklist have been addressed and complied with. The agent is the official contact person for this project and the single point of contact. All correspondence and communication will be conducted with the agent. If no agent is listed, the owner will be considered the agent.

(Check One):

- I, the owner, will represent this application with the City of Leander.
- I, the owner, hereby authorize the person named below to act as my agent in processing this application with the City of Leander.

OWNERSHIP INFORMATION:

Property Owner: _____ Phone: _____ Fax: _____
(If property ownership is in the name of a partnership, corporation, joint venture, trust or other entity, please list the official name of the entity and the name of the managing partner.)

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Mobile: _____ Pager: _____

I hereby request that my property, as described above, be considered for rezoning and I give City Staff and elected or appointed representative's permission to visit the site described in this application:

AGENT INFORMATION:

If an agent is representing the owner of the property, please complete the following information:

Project Agent: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Mobile: _____ Pager: _____

I hereby authorize the person named above to act as my agent in processing this application:

Owner's Signature: _____ **Date:** _____

I hereby attest that I prepared this application/checklist and that all information shown hereon is correct and complete to the best of my knowledge.

Signature

Name (printed)

Date

Do Not Write Below – Staff Use Only

Accepted for Processing by: _____ Date: _____

Date of Public Hearing before Planning & Zoning Commission: _____ City Council: _____