



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

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

# PUD ZONING CHANGE

## 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](http://www.leandertx.gov)) or at City Hall.
- City ordinances can be obtained at our website or City Hall.
- PUD applications review a review by staff prior to be scheduled for a public hearing.

### REQUIRED ITEMS FOR SUBMITTAL PACKAGE:

- \_\_\_ 1. Completed application form with owner's original signature.
- \_\_\_ 2. a. Tax map(s) highlighting the subject property and showing the line extending 200 feet from property.  
 b. List of property owners names and addresses from the county appraisal district ([www.wcad.org](http://www.wcad.org) or [www.traviscad.org](http://www.traviscad.org)) within 200 feet of the perimeter of the tract (include the tract being re-zoned) and  
 c. One set of mailing labels for notification of adjacent owners from (b) above.
- \_\_\_ 3. The Public Hearing Signage document at the end of this checklist is signed and dated.
- \_\_\_ 4. Letter of intent explaining requested PUD zoning change. Include statements supporting request.
- \_\_\_ 5. PUD Plan including proposed elevations, site plan, setbacks, landscaping, buffer zones, architectural features, site features, uses permitted/prohibited, and other information as applicable.
- \_\_\_ 6. Prepare an 8½" x 11" hard copy color map including the area of the requested zoning change and surrounding areas within 1,000'. The zoning map can be found at <http://www.leandertx.gov/planning/page/maps-guides> at the bottom of the page. Draw the boundary of your request on the maps with a black marker and label the zoning district(s) requested.
- \_\_\_ 7. A physical description of the property including slopes or other topographic conditions, tree cover (extent and type), waterways, existing structures and any unique features of the site.
- \_\_\_ 8. Copy of deed showing current ownership.
- \_\_\_ 9. Tax certificates or other evidence that all applicable property taxes have been paid for the subject property.
- \_\_\_ 10. Rezoning Fees (calculation listed below)

### FILING FEE CALCULATION:

Filing Fee:	\$ 600.00
\$40 per acre or portion thereof for PUD rezoning:	+ \$ _____
Owner Notification Fee – \$5.00 per owner notification:	+ \$ _____
Signage Fee (\$30.00 per sign):	+ \$ _____
Public Hearing Notification (newspaper):	+ \$ 150.00
GIS Mapping Fee:	+ \$ 75.00
Professional Recovery Fee:	+ \$ 250.00
<b>TOTAL FEE</b> (due at the time of application submission):	<b>\$ _____</b>

\*FOR PUD AMENDMENTS: Submittal Fees are ½ of the original fee or full fee for portion to be amended, whichever is less\*

**PROPERTY INFORMATION:**

Property Address: \_\_\_\_\_ Property Acreage: \_\_\_\_\_  
Legal Description: \_\_\_\_\_ County Short ID#: \_\_\_\_\_  
**CURRENT ZONING:** \_\_\_\_\_ **PROPOSED 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:*

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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: \_\_\_\_\_

