



# ZONING APPLICATION

CITY OF TEXARKANA TEXAS

Po Box 1967  
220 Texas Blvd  
Texarkana TX 75504  
(903) 798-3945  
[www.ci.texarkana.tx.us.org](http://www.ci.texarkana.tx.us.org)

Receipt No. \_\_\_\_\_

Case \_\_\_\_\_

Date \_\_\_\_\_

To: The Planning and Zoning Commission  
City of Texarkana Texas

Please consider this as my application to amend the Zoning Map of the City of Texarkana, Texas for the following described property.

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Addition: \_\_\_\_\_  
(Or see attached legal description)

Location: \_\_\_\_\_

Present Zoning: \_\_\_\_\_

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

If the Zoning Classification is changed by the Commission, this property will be used as:

\_\_\_\_\_  
\_\_\_\_\_

Describe the changed conditions, if any, occurring since the original zoning, which affect your property and which justify rezoning:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Attorney or Agent Signature

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Home Phone & Cell Phone

\_\_\_\_\_  
Home Phone & Cell Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

**BY SIGNING THIS APPLICATION, YOU HAVE AGREED TO ALLOW THE CITY TO PLACE A SIGN ON YOUR PROPERTY**