

APPLICATION FOR ZONING
 (INCLUDE NECESSARY SUPPORTING MATERIAL)

ADDRESS OF PROPERTY:		NUMBER OF ACRES:	
LEGAL DESCRIPTION (SUBDIVISION, SECTION, LOT		CURRENT ZONING:	PROPOSED ZONING:
PROPERTY OWNER FIRM:	CONTACT NAME:	TELEPHONE:	E-MAIL
MAILING ADDRESS:		CITY:	STATE ZIP CODE
APPLICANT FIRM:	CONTACT NAME:	TELEPHONE:	E-MAIL
MAILING ADDRESS:		CITY:	STATE ZIP CODE
PROJECT AND PURPOSE FOR WHICH ZONING CHANGE IS SOUGHT:			

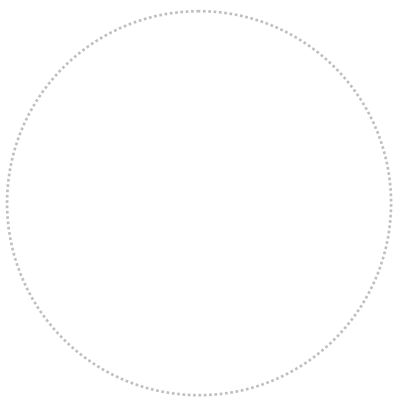
SUBMITTAL VERIFICATION/INSPECTION AUTHORIZATION:
 I, as owner of the property hereinafter referenced, do hereby execute this document, and acknowledge the above statements to be true and accurate to the best of knowledge. I have received, read and understand the terms and conditions of this request, and agree to compliance with all applicable codes and ordinances of the City.
 I understand that my contractor or subcontractor(s) identified below will schedule inspections on my behalf permitting city inspectors to enter my property to conduct the necessary inspections as scheduled.
 I authorize my duly authorized agent to coordinate with the City and its representatives to enter the property at reasonable times for the purposes of inspecting and monitoring the project according to the adopted codes of the City. This authorized agent is hereby given authority from me to consent to City inspections on my behalf.

APPLICANT SIGNATURE

_____ _____

PRINTED NAME **DATE**

(FOR CITY USE ONLY)

PERMIT NUMBER:
AMOUNT RECEIVED:
NOTES:




Building & Development Services
1102 Lohmans Crossing, Lakeway, TX 78734
Phone: (512) 314-7540 Fax: (512) 314-7541
www.lakeway-tx.gov

(ADDITIONAL SPACE AS NEEDED FOR AUTHORIZED AGENTS OF THE OWNER)

ADDRESS OF PROPERTY:

PRINTED NAME OF GENERAL CONTRACTOR, SUBCONTRACTOR, OR OTHER AUTHORIZED AGENTS OF OWNER

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