

**City of Cleveland**  
**Application for Property Rezoning**

THERE IS A \$300.00 FILING FEE.

Date of Application \_\_\_\_\_ \$300.00 Fee Received \_\_\_\_\_

Name of Agent \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of Owner \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Property Description: \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Subdivision \_\_\_\_\_ Block \_\_\_\_\_ Lots \_\_\_\_\_

Plat of Area Attached \_\_\_\_\_ Metes and Bounds Attached \_\_\_\_\_

APPLICATION CHECKLIST

\_\_\_ CERTIFIED PORPERTY OWNERS WITHIN 200-FEET OF THE PORPERTY  
 LISTS PRINTED MOR ETHAN TWO WEEKS PRIOR TO APPLICATION SUBMITTAL  
 MAY NOT BE ACCEPTED (LIBERTY COUNTY APPRAISAL DISTRICT 281-593-1605)

\_\_\_ SITE PLAN (TO SCALE)

\_\_\_ SURVEY

\_\_\_ CURRENT TAX RECEIPTS  
 (TAX OFFICE LOCATE AT 300 CAMPBELL, 281-593-8415)

\_\_\_ TITLE REPORT (IF LAND WAS PURCHASED WITHIN THE LAST 60 DAYS)

\_\_\_ NON-REFUNDABLE APPLICATION FEE \$300.00

Applicant's Certificate

I affirm that my statements contained in the Application are true and correct to the best of my knowledge.

Signed \_\_\_\_\_

**\*\*\* Office Use Only \*\*\***

Present Zone \_\_\_\_\_ Zone Requested \_\_\_\_\_

Public Hearing \_\_\_\_\_

Informal Discussion \_\_\_\_\_

Purpose Requested \_\_\_\_\_

Submitted to Planning and Zoning Commission:

Date \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Other \_\_\_\_\_

Comments \_\_\_\_\_

Public Hearing Scheduled City Council \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Other \_\_\_\_\_

Comments \_\_\_\_\_

Final Disposition \_\_\_\_\_