



TEXT AMENDMENT APPLICATION PLANNING COMMISSION

APPLICATION FORM

Please review the [Texas Township Zoning Ordinances](#) that pertain to your request prior to submission of your application.

APPLICANT INFORMATION (Identify the person or organization requesting the text amendment.)

Applicant Name: _____

Organization: _____

Email: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

REPRESENTATIVE INFORMATION (if applicable)

Representative Name: _____

Organization: _____

Email: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

TEXT AMENDMENT INFORMATION

Reason for the Requested Amendment: _____

Section(s) of the Zoning Ordinance to be Amended: _____

Please identify specific language you would like to see in the text amendment (or attached additional documentation):

I hereby certify that the above information is true to the best of my knowledge and belief. In making this application, I acknowledge that the Planning Commission will review this request at a public meeting, that I or a representative on my behalf will be expected to attend the public meeting to provide information and answer questions, and that the meeting will be open to all interested persons who desire to attend.

Signature of Applicant: _____ **Date:** _____

Office Use Only:

Date Received: _____ **Time:** _____ **Received By:** _____

App Fee Paid: \$600.00 **Check #:** _____ **Escrow Fee Paid:** \$1,500.00 **Check #:** _____

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