

City of Taft
Planning & Zoning Commission
Request for a Hearing

Instructions: Please fill out completely. If additional space is needed, use extra sheets.

1. Applicant: _____ Phone: _____
Address: _____

2. Agent or Attorney: _____ Phone: _____
Address: _____

3. Variance Requested: _____

4. Property Description: _____
a. Lot No(s). _____ Block No. _____ Subdivision _____
b. If description is by metes and bounds, please attach on separate sheet.
c. Attach a sketch of the property showing the dimensions, streets, etc.

5. Present use of land (if vacant land, so state): _____

6. Proposed Development & reason for variance: _____

7. Status of Applicant: (if other than owner, attach written authority from owner)
a. Owner: _____
b. Trustee: _____
c. Individuals for whom property is held in trust for: _____

d. Corporation: _____
e. Names & Titles of officers / board of directors: _____

f. If application is made by someone other than the above, please indicate the relationship between applicant and owner, if any, or the capacity in which the applicant is submitting the application (e.g. prospective purchaser, tenant, relative, etc.). _____

8. Filing Fee: **\$150** (Make check payable to the **City of Taft**)

9. Mail or bring application (along with filing fee) to:
City of Taft, P.O. Box 416, Taft, Texas 78390

Signature of Applicant

Date