



ZONING MAP AMENDMENT REQUEST

CITY OF DAYTON
111 N CHURCH ST - DAYTON, TX 77535 - 936.258.2642

Permit Number: _____

REQUIRED INFORMATION

Zoning Amendment Requested Location: _____

Current Zoning District: _____ Zoning District Requested: _____

LEGAL DESCRIPTION OF PROPERTY

Lot No. _____ OR Tract _____
Block No. _____ OR Plat _____
Addition _____ Survey _____
Number of Acres _____ Number of Acres _____

PROPERTY OWNER INFORMATION

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ E-Mail: _____ Fax: _____
Signature of Property Owner: _____ Date: _____

APPLICANT INFORMATION (If not property owner)

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ E-Mail: _____ Fax: _____

REQUIRED FORMS FOR A COMPLETE APPLICATION

- Zoning Map Amendment Request Form filled out in full
- Submit a letter addressed to the Planning Commission stating reasons for the request
- Zoning Map specifically/easily identifying the property requested for the zone amendment
- Cash, Check or Credit for the full amount of \$200.00. We do not accept Discover.

REQUIRED SIGNATURES

I, _____ (print or type name), certify with my signature below that the information included within my submittal packet is complete, true and correct, to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Applicant's Printed Name: _____ Date: _____

FOR OFFICE USE ONLY

Date Received: _____ Reviewed By: _____ Case Number: _____

Planning Commission Hearing Date: _____ Recommendation: APPROVED DENIED

City Commission Public Hearing Date: _____ Recommendation: APPROVED DENIED

Filing Date: _____ Recording Information: _____

Reason(s) for approval/denial: _____

TO SUBMIT FORM PLEASE EMAIL IT TO PLANNING@DAYTONTX.ORG