

**CITY OF BULLARD  
ZONE CHANGE APPLICATION**

**For Planning and Zoning Commission Meeting to be held on** \_\_\_\_\_

**Location of Property:** \_\_\_\_\_

**Name of Owner(s):** \_\_\_\_\_

**Address of Owner(s):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Fax** \_\_\_\_\_

**Block Number/Survey Name** \_\_\_\_\_

**Property Address (if any)** \_\_\_\_\_

**The property is currently zoned** \_\_\_\_\_

**Requested zoning** \_\_\_\_\_

**Is a plat and/or land plan of property attached with application? Yes**\_\_\_\_ **No** \_\_\_\_

**Is the property the subject or part of a rezoning, Special Use Permit or closure application?** \_\_\_\_\_

**What does this change in zoning accomplish?** \_\_\_\_\_

**Signature of Owner:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

.....  
**Filing Fee Due for Agenda Deadline**

**\$150.00 Fee Date Received:** \_\_\_\_\_ **Check Number** \_\_\_\_\_ **Receipt No.** \_\_\_\_\_