

CITY OF HIDALGO

**PLANNING & ZONING DEPARTMENT
704 EAST TEXANO DRIVE
HIDALGO, TEXAS 78557
(956) 843-2286 FAX (956) 843-2317**

CHANGE OF ZONE APPLICATION

Name of Applicant: _____

Address: _____ Phone: _____

Owner: _____

Address: _____ Phone: _____

LEGAL DESCRIPTION: _____

PRESENT PROPERTY ZONE: _____

PROPOSED ZONE CHANGE: _____

INTENDED PURPOSE: _____

COMMENTS: _____

As agent, appointed by the owner, I am authorized to act on his/her behalf in regards to the Zoning Commission in reference to the above.

Agent's Signature _____ Date

As owner of the above described property, I hereby request a hearing before the Planning & Zoning Commission in reference to the above.

FOR OFFICE USE ONLY

Fee: \$300.00 (non-refundable) Check #: _____ Cash: _____ Date: _____

A/c# 01-00-50-4131