



City of Liberty Hill Planning Department
PO Box 1920
Fax (512) 778-5418

www.libertyhilltx.gov

Project Name: _____
Submittal Date: _____
Zoning Case #: _____

(CITY WILL ASSIGN PROJECT NUMBER)

ZONING CHANGE

APPLICATION &

PLEASE SCHEDULE AN APPOINTMENT WITH THE PLANNING DEPARTMENT TO SUBMIT THIS APPLICATION:

Sally McFeron
Planning Director
512-778-5449

INSTRUCTIONS

- Fill out the following application and checklist completely prior to submission.
- Use the most current application from the City's website (www.libertyhilltx.gov) or at City Hall.
- City ordinances can be obtained at our website or City Hall.

REQUIRED ITEMS FOR SUBMITTAL PACKAGE:

- ___ 1. Completed application form with owner's original signature.
- ___ 2. a. Tax map(s) highlighting the subject property and showing the line extending 200 feet from property.
b. List of property owners names and addresses from the county appraisal district (www.wcad.org or www.traviscad.org) within 200 feet of the perimeter of the tract (include the tract being re-zoned) and
c. One set of mailing labels for notification of adjacent owners from (b) above.
- ___ 3. Letter of intent explaining requested zoning change. Include statements supporting request.
- ___ 4. Field notes, dimensioned map or subdivision name with lot and block describing all proposed zoning districts.
- ___ 5. Prepare an 8½" x 11" (minimum) hard copy, color map including the area of the requested zoning change and surrounding areas within 1,000'.
- ___ 6. A physical description of the property including slopes or other topographic conditions, tree cover (extent and type), waterways, existing structures and any unique features of the site.
- ___ 7. Tax certificates or other evidence that all applicable property taxes have been paid for the subject property.
- ___ 8. Rezoning Fees (calculation listed below)

FILING FEE CALCULATION:

Filing Fee:	\$ 325.00
Owner Notification Fee – \$5.00 per owner notification:	+ \$ _____
Public Hearing Notification (newspaper):	+ \$ 150.00
TOTAL FEE (due at the time of application submission):	\$ _____

\$200 plus new notification fees apply if zoning case is postponed after public notification

PROPERTY INFORMATION:

Property Address: _____	Property Acreage: _____
Legal Description: _____	County Short ID#: _____
CURRENT ZONING: _____	PROPOSED ZONING: _____

APPLICANT INFORMATION:

Please Note: The signature of owner authorizes City of Liberty Hill staff to visit and inspect the property for which this application is being submitted. The signature also indicates that the applicant or his agent has reviewed the requirements of this checklist and all items on this checklist have been addressed and complied with. The agent is the official contact person for this project and the single point of contact. All correspondence and communication will be conducted with the agent. If no agent is listed, the owner will be considered the agent.

(Check One):

____ I, the owner, will represent this application with the City of Liberty Hill.

____ I, the owner, hereby authorize the person named below to act as my agent in processing this application with the City of Leander.

OWNERSHIP INFORMATION:

Property Owner: _____ **Phone:** _____ **Fax:** _____

(If property ownership is in the name of a partnership, corporation, joint venture, trust or other entity, please list the official name of the entity and the name of the managing partner.)

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____ **Mobile:** _____ **Pager:** _____

I hereby request that my property, as described above, be considered for rezoning and I give City Staff and elected or appointed representative's permission to visit the site described in this application:

Owner's Signature: _____ **Date:** _____

AGENT INFORMATION:

If an agent is representing the owner of the property, please complete the following information:

Project Agent: _____ **Phone:** _____ **Fax:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____ **Mobile:** _____ **Pager:** _____

I hereby authorize the person named above to act as my agent in processing this application:

Owner's Signature: _____ **Date:** _____

I hereby attest that I prepared this application/checklist and that all information shown hereon is correct and complete to the best of my knowledge.

Signature

Name (printed)

Date