Phone: (903) 356-3306
Fax: (903) 356-4267

105 W. Main St.
Quinlan, Texas 75474

City of Quinlan

Zoning Application

Date Received: _____ **Current Zoning** _____

Project Name: _____ **Proposed Zoning** _____

Project Location: _____ **# Acres** _____

Project Description: **Rezone** ☐ **Special Use** ☐ **PUD** ☐ **Other** ☐

Current Use: _____ **Proposed Use** _____

Additional Information: _____

Owner Information: _____

Name: _____ **Contact Person:** _____

Address: _____

Phone Number: _____ **Fax Number:** _____ **Email:** _____

Owner's Agent	Contact Person	Phone Number	Email
Owner's Acknowledgemen	The above named agent is hereby authorized to act on my behlaf. Signature:		Date
Land Planner	Contact Person	Phone Number	Email
Realtor	Contact Person	Phone Number	Email
Surveyor	Contact Person	Phone Number	Email
Engineer	Contact Person	Phone Number	Email ☐
Other	Contact Person	Phone Number	Email

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction, land use or land subdivision.

Signature of Applicant: _____ **Date:** _____

OFFICE USE ONLY: Approvals are required from all departments prior to issuance of permit

Public Works	Approved By:	Date:	Zoning	Approved By:	Date:
Water/Sewer	Approved By:	Date:		Approved By:	Date:

Pre-Application Conference Date _____ **Completed** _____ **Total Fees:** _____

Planning & Zoning Comm. Date _____ **Approved** _____ **Receipt #:** _____

City Council Date _____ **Approved** _____ **Ordinance #** _____