



# APPLICATION FOR ZONING CHANGE

Town of Westlake | 1500 Solana Boulevard, Building 7, Suite 7200 | Westlake, TX 76262

Phone: (817) 430-0941

Email: [planning@westlake-tx.org](mailto:planning@westlake-tx.org)

## Description of Property

Property Address: \_\_\_\_\_

General Location: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Total Acres: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Current Zoning: \_\_\_\_\_ Total Lots: \_\_\_\_\_

Requested Zoning: \_\_\_\_\_ Total Lots: \_\_\_\_\_

## Reason for Request

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Office Use Only

Case Number: \_\_\_\_\_ Submittal Date: \_\_\_\_\_

Fees: \_\_\_\_\_ Received By: \_\_\_\_\_



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## Owner / Applicant Information - Designation of Agent Form

I hereby authorize the person designated below, to act in the capacity as my agent for the application, processing and the representation of this request. The designated agent shall be the principal contact person with the Town of Westlake (and vice versa) in processing and responding to requirements, information requests or other issues relative to this request.

### PROPERTY OWNER

Owner Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Property Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### APPLICANT

Applicant Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Property Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### DESIGNATED AGENT

Agent Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Property Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_