

APPLICATION FOR AUSTIN AVENUE OVERLAY DISTRICT
SITE PLAN REVIEW

FOR OFFICE USE ONLY

CITY OF DENISON, TEXAS
PLANNING DEPARTMENT
903-465-2720 Ext. 466 & 467

CASE NO. _____
DATE RECEIVED _____
P & Z HEARING _____

APPLICANT: _____
NAME PHONE NUMBER

_____ MAILING ADDRESS INTEREST IN PROPERTY

If the record owner is not the applicant, a notarized affidavit from the record owner authorizing the applicant(s) to represent the record owner must accompany this application.

PROPERTY
IN
QUESTION:

_____ STREET ADDRESS

_____ LEGAL DESCRIPTION (ATTACH METES & BOUNDS)

_____ SOURCE OF LEGAL DESCRIPTION

_____ FRONTAGE OF LOT(S) IN FEET DEPTH IN FEET

_____ PRESENT USE OF PROPERTY PRESENT ZONING

_____ PROPOSED USE

_____ REQUESTED VARIANCES (IF APPLICABLE)

I hereby certify that this application contains no willful falsification of misrepresentation, and that the information given is complete, correct and true to the best of my knowledge and belief. Furthermore, I understand that should investigation at any time disclose any such misrepresentation or falsification I forfeit all changes and/or amendments granted by consideration of this application.

_____ SIGNATURE

_____ DATE