TOWN OF NEW HOPE APPLICATION FOR ZONING CHANGE

1.	NAN	NAME OF APPLICANT(S):			
		ress:			
		ephone: Email:			
2.	NAME OF OWNER(S):				
	Address:				
	Telephone: Email:				
3.	PRO	OPERTY INFORMATION:			
	(a)	Address:			
	(b)				
	(c)	Have you attached a survey or plat? Yes	No		
	(d)	Have you attached a deed or metes and bounds description? Yes	_ No		
	(e)	Is the property within the town limits of New Hope? Yes If not, has a petition for annexation been filed? Yes			
	(f)	Is a plat of the property on file with the town and county clerk? Yes If not, have you filed a plat application with the town? Yes			
4.	ZONING:				
	(a)	What is the current zoning of the property?			
	(b)	What is the current use of the property?			
	(c)	What zoning classification is requested?			
	(d)	What is the proposed use of the property?			
	(e)	Why is a zoning change necessary?			
	(f)	Does the proposed zoning comply with New Hope's land use plan?			
	(g)	Will the property be improved if this request is granted? Yes			
		If yes, describe planned improvements and estimated construction dates:_			

I, the undersigned Applicant(s), hereb	by certify that the above information is true and correct.
Applicant Signature	Date:
Applicant Signature	Date:
RECEIVED on New Hope, Texas.	, 20, by the Town Secretary of Town of
	Town Secretary
REFERRED on Planning and Zoning Commission	, 20, to the Chairman of the New Hope
	Town Secretary
FEE COLLECTED: \$	