



**City of University Park, Texas  
Community Development Department Application  
Phone 214-987-5411**

**Please check the appropriate box (1) below to indicate the type of action you are requesting:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Amending Plat | <input type="checkbox"/> Specific Use Permit   | <input type="checkbox"/> Planned Development - Development Plan   |
| <input type="checkbox"/> Replat        | <input type="checkbox"/> Zoning Change Request | <input type="checkbox"/> Planned Development - Concept Plan       |
| <input type="checkbox"/> Final Plat    | <input type="checkbox"/> Special Sign District | <input type="checkbox"/> Planned Development - Detailed Site Plan |

**PLEASE NOTE: \*\*A land use statement is required for all zoning change requests, development plan/concept plan/detailed site plan reviews, and specific use permits. PLEASE COMPLETE PAGE 2 FOR THESE ITEMS\*\***

**SITE INFORMATION**

Address (Location): \_\_\_\_\_ Submittal Date: \_\_\_\_\_

Is there a previous project associated with this address/location?    YES    NO

If yes, what type of Project: \_\_\_\_\_

Existing Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_ Lots: \_\_\_\_\_

Existing Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

Legal Description of Subject Property (attach separate sheet if necessary) \_\_\_\_\_

**APPLICANT INFORMATION**

**Applicant Name:** \_\_\_\_\_ **Company** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_ Cell \_\_\_\_\_

**Property Owner (If different from applicant):** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_ Cell \_\_\_\_\_

**Key Contact:** \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_ Cell \_\_\_\_\_

**Signature of Property Owner (Sign and Print or Type Name)**

SIGNATURE \_\_\_\_\_

Print or Type Name: \_\_\_\_\_

Known to me to be the person whose name is subscribed to the above and foregoing instrument, and acknowledged to me that they executed the same for the purposes and consideration expressed and in the capacity therein stated.

Given under my hand and seal at office on this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_ Notary Public

**(For Plat Applications Only)**

I waive the statutory time limits in accordance with Section 212.009 of the Texas Local Government Code.

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

**Office Use Only:**

Total Paid: \_\_\_\_\_ Payment Method: \_\_\_\_\_ Accepted By: \_\_\_\_\_

