



**City of Harker Heights**  
Planning & Development  
305 Millers Crossing  
Harker Heights, TX 76548  
Phone: (254) 953-5647

# Rezoning Request Application

**\*Requirements - MUST BE COMPLETE OR WILL NOT BE ACCEPTED\***

This application must be completed and returned to the Planning and Development Department of the City of Harker Heights, Texas along with the following:  
**1. Pre-Application Meeting Scheduled**  
**2. Payment of \$200.00 to the City of Harker Heights**

**Property Owner(s) Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Legal Description of Property:**

Location of Property (Address if available): \_\_\_\_\_

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

Acres: \_\_\_\_\_ Property ID: \_\_\_\_\_ Survey: \_\_\_\_\_

*For properties not in a recorded subdivision please submit a copy of a current survey showing the property's proposed to be changed, and/or legal field notes.*

**Proposed Use:** \_\_\_\_\_

**Current Zoning Classification:** \_\_\_\_\_ **Proposed Zoning:** \_\_\_\_\_

**Current Land Use:** \_\_\_\_\_ **Proposed Land Use:** \_\_\_\_\_

**Applicant's Representative (if applicable):**

**Applicant's Representative:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

I, being the undersigned applicant of the property herein described, hereby make application for approval of plans submitted and made a part of the application in accordance with the provisions of the City of Harker Heights Ordinances, and hereby certify that the information provided is true and correct to the best of my knowledge and belief.

I, being the undersigned applicant, understand that failure to appear to represent a request shall be deemed a request to withdraw the proposal, or \_\_\_\_\_ will represent the owner.

Printed Name of Property Owner \_\_\_\_\_

Signature of Property Owner \_\_\_\_\_

Printed Name of Representative \_\_\_\_\_

Signature of Representative \_\_\_\_\_

SWORN AND SUBSCRIBED BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_

**STAFF ONLY -- DO NOT FILL OUT BELOW**

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

Pre-Application Meeting

Receipt #: \_\_\_\_\_

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

Revised: 5/2020

Case #: \_\_\_\_\_