



City of Harker Heights
Planning & Development
305 Millers Crossing
Harker Heights, TX 76548
Phone: (254) 953-5600
Email:
planning@harkerheights.gov

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
3. If zoning change will require amendment to the Land Use Plan (aka FLUM), there will be an additional fee of \$100.00.

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: 10/2021

Case #: _____