



**CITY OF WICHITA FALLS DEVELOPMENT SERVICES DEPARTMENT
ZONING APPLICATION AND SUBMITTAL CHECKLIST**

PROPERTY INFORMATION: (Please PRINT or TYPE)

Project Address _____ Zoning Designation _____

Legal Description (Lot, Block, Section) _____
Lot(s) _____ Block _____ Section _____ Subdivision _____

Present Zoning: _____ Proposed Zoning: _____

Purposed Use/Purpose of Project _____

Planning & Zoning Hearing Date: This application is requested to be heard by the P&Z on (date) _____

* See attached calendar for submission deadline and P&Z meeting dates.

* **Fee (Sec. 3.5): \$ _____** (staff use only)

* See attached Fee Schedule

OWNER/APPLICANT - INFORMATION: (Please PRINT or TYPE)

Property Owner _____ Phone (____) _____ - _____

Owner Email Address (for project correspondence only): _____

Mailing Address _____

Applicant (if different than property owner) _____ Phone (____) _____ - _____

Client Email Address (for project correspondence only): _____

Mailing Address _____

Note:

A rezone application shall be considered complete if and when the application is certified complete by the Planning Department after having reviewed that all applications, fees, and documents have been submitted in accordance with all applicable City Ordinances, and such documents are sufficiently accurate and appropriate to the specific area proposed under the zoning application.

SUBMITTAL CHECKLIST & PROCEDURE

SUBMISSION REQUIREMENTS

Two copies of a map of the area proposed for rezoning.

Two copies of a vicinity map showing property lines, streets, existing and proposed zoning.

PROCEDURE

1. Submit completed application at least 30-days prior to the Planning & Zoning Commission meeting date along with the prescribed fee (see attached calendar and fee schedule).
2. **Applicants are strongly encouraged to be present and/or have representation at the scheduled Planning & Zoning Commission meeting to answer Commission questions. The Commission will make a recommendation to City Council.**
3. Appear before the City Council on the scheduled meeting date. The Council will review and act on the rezoning application.

NOTIFICATION

1. Planning Division staff will mail a copy of the staff report to the applicant ten (10) days prior to the Planning and Zoning Commission meeting.
2. Planning Division staff will notify property owners within 200 feet of the site at least ten (10) days prior to the Planning and Zoning Commission meeting.
3. Planning Division staff will post proposed rezoning signs on the property 15 days prior to the Planning and Zoning Commission meeting.

NOTE: Upon denial of a request for an amendment or change by the City Council, no identical request may be submitted within twelve (12) months from the date of the original request unless the applicant can show that substantial changes affecting the property have occurred.

ACKNOWLEDGEMENT STATEMENT

- *I understand a rezone request shall not be scheduled for the Planning and Zoning Commission review unless items on this list are completed and/or addressed with staff.*
- *I have read and understand in its entirety the City of Wichita Falls Subdivision Ordinance and Zoning Ordinance and understand that the requirements of my development/project are subject to the terms and conditions therein. This checklist is used to ensure compliance with the Ordinance and in some instances, the City may require additional information for approval.*
- *An endorsement of this application and checklist by the applicant shall be an acknowledgment that all of the items on the above list have been submitted.*
- *I also understand, according to the City of Wichita Falls Zoning Ordinance, no building permit will be issued until the final plat and Rezone request has been approved by the City Council and Planning and Zoning Commission.*

*Property Owner _____ Date _____

*Property owner's signature is required for application submittal.

Property Owner Address: _____ Phone/Fax: _____

Signature: _____

Applicant (if different than property owner) _____ Date _____

Applicant Address: _____ Phone/Fax: _____

Signature: _____

TO BE COMPLETED BY PLANNING:

REZONING PERMIT

Based on the Planning and Zoning Commission's action on _____, the recommendation to City Council was: [] Approved [] Disapproved

At the City Council meeting on _____, this rezoning request was:

[] Approved by Ordinance No. _____ [] Disapproved

COMMUNITY DEVELOPMENT DESIGNEE

DATE



Development Review Team – Staff Contact List

Staff Contacts for Development/Permitting Inquiries

Building Inspections Division

Ricky Horton
Chief Building Official
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Public Works Engineering Division Blane

Boswell
City Engineer
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Rick Branum
Development Review and Utility Coordinator
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Planning Division

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Planning Manager
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Health Department

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Environmental Administrator
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Fire Department

Cody Melton
Fire Marshal
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Traffic Engineering Division

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Superintendent
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Property Management Division

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Property Management Administrator Phone: (940) 761-8816
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Legal Department

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Historic Preservation

Karen Montgomery-Gagné
Principle Planner
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Administration

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For Any Other Questions

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