



ZONING/SUP APPLICATION

DO NOT STAPLE

Case # _____ (assigned by staff)

SUBJECT PROPERTY INFORMATION

Subdivision Name, Block, Lot: _____ # of lots: _____ # of acres: _____

Location: _____

Project Name: _____

Purpose / Intent: _____

Current Zoning: _____ Proposed Zoning (if applicable): _____

OWNER AND AUTHORIZATION

Name: (print or type) _____

Company Name: _____

Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

Email: _____

CHECK ONE OF THE FOLLOWING:

- I will represent the application myself; or
- I hereby designate _____ (name of project representative) to act in the capacity as my agent for filing, processing, representation, and/or presentation of this development application. The designated agent shall be the principal contact person for responding to all requests for information and for resolving all issues of concern relative to this application.

I hereby certify that I am the owner of the property and further certify that the information provided on this development application is true and correct. By signing below, I agree that the City of Frisco (the "City") is authorized and permitted to provide information contained within this application, including the email address, to the public. The City is also authorized and permitted to reproduce any copyrighted information filed in connection with the application, if such reproduction is associated with the application in response to a Public Information Request.

Owner's Signature: _____ Date: _____

STATE OF TEXAS
COUNTY OF _____

BEFORE ME, a Notary Public, on this day personally appeared _____ (printed owner's name) the above signed, who, under oath, stated the following: "I hereby certify that I am the owner, or duly authorized agent of the owner, for the purposes of this application; that all information submitted herein is true and correct."

SUBSCRIBED AND SWORN TO before me, this the _____ day of _____, 20 _____.

Notary Signature

Notary Seal

PROJECT REPRESENTATIVE/APPLICANT

Name: (print or type) _____

Company Name: _____

Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

Email: _____

Project Representative's Signature: _____ Date: _____



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FILING INFORMATION

1. INCOMPLETE APPLICATIONS AND FILINGS WILL BE REJECTED.
2. Prior to filing, we strongly recommend setting up and attending a pre-filing meeting.
3. A meeting with the HOA(s) is required for Zoning, PD, SUP requests. Meeting(s) with the representatives of adjacent HOA's are necessary prior to scheduling of a public hearing date.
4. See Zoning & Land Development Fees contained within the [Zoning & Land Development Application Handbook](#).
5. All plans shall be 24" x 36" and **folded**.

FEES RELATED TO ZONING/SUP CHANGE REQUESTS

Filing Fees

<input type="checkbox"/> Straight Zoning (Non PD or Specific Use Permit) – 9 copies of Exhibits	\$ _____
<input type="checkbox"/> Specific Use Permit – 9 copies of Exhibit A and Exhibit B	\$ _____
<input type="checkbox"/> Planned Development – see PD Checklist	\$ _____
<input type="checkbox"/> Traffic Impact Analysis (TIA) – 2 copies	\$ _____
<input type="checkbox"/> Traffic Circulation Study (SUP only)	No Charge
Total	\$ _____

This application was received by:

_____	_____
Staff Signature	Date