



CITY OF SAN BENITO  
PLANNING DEPARTMENT

400 N. Travis Street  
San Benito, TX 78586

**APPLICATION FOR  
REZONING**

(956) 361-3800 (ph.)  
(956) 361-3810 (fax)

**APPLICANT INFORMATION** (Please PRINT or TYPE)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone No. (\_\_\_\_) \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail \_\_\_\_\_

**PROPERTY INFORMATION** (Please PRINT or TYPE)

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

Address of Property \_\_\_\_\_

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

Legal Description of Property: Lot \_\_\_\_\_, Block \_\_\_\_\_

Subdivision \_\_\_\_\_

Existing Zoning \_\_\_\_\_ Proposed Zoning \_\_\_\_\_

Existing Land Use \_\_\_\_\_ Proposed Land Use \_\_\_\_\_

**REQUIREMENTS**

- \$200.00 (non-refundable)
- Survey and Metes & Bounds / Recorded Plat
- Tax Certificates (City, School)
- Warranty Deed

Please provide a basic description of the proposed project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that I have read and examined this application and know the same to be true and correct.  
If any of the information provided on this application is incorrect, the permit or approval may be revoked.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Property Owner(s) Signature \_\_\_\_\_ Date \_\_\_\_\_