

City of Manvel

6615 FM 1128 (Masters) * Manvel, TX 77578

Phone 281-489-0630 Fax 281-489-0634

Application for Re-Zoning

Date _____

Name of individual requesting change:

Mailing Address: _____ Phone# _____

Legal Description: _____

Currently Zoned As: _____

Type of Zoning Requested: _____ Area Size _____

REASONS FOR ZONE CHANGE _____

Signature of Applicant

Code Enforcement Officer/
Zoning Official

CHIEF OF POLICE

Preliminary Approval _____ Denied _____

Submit with Application the Following Fees:

Fees: \$2500.00 Minimum, up to 1 (ONE) Acre

\$5000.00 for all requests over 1 (ONE) acre

Procedures: _____ Date OF Action _____

Notify Property owners within 200 Ft. _____

Place Ad for Public Hearing _____

Hold Public Hearing _____

Submit to P D & Z for Consideration _____ Submit to City Council

for Consideration _____