



Town of Pecos City  
115 W 3rd St / P.O. Box 929  
Pecos, Texas 79772

Ph: 432-445-2421 / Fx: 432-445-667  
www.pecostx.gov

# ZONING APPLICATION

## 1. PROPERTY OWNER

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Property Owner's Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_ Property ID#: \_\_\_\_\_

Legal Description of Property: \_\_\_\_\_

## 2. APPLICANT

Please check if "Applicant" is the same as "Property Owner".

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hm: \_\_\_\_\_ Wk: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

## 3. PROJECT NARRATIVE

Describe Proposed Property Use

\_\_\_\_\_

\_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

## 4. CONDITION (OFFICE USE)

\_\_\_\_\_

\_\_\_\_\_

Prohibited Uses: \_\_\_\_\_

Director of Permits \_\_\_\_\_ Date \_\_\_\_\_

City Manager \_\_\_\_\_ Date \_\_\_\_\_

Approved  Denied

Date: \_\_\_\_\_