

CITY OF ABILENE
DEPARTMENT OF COMMUNITY DEVELOPMENT
Application for Historic Overlay Zone District or Planned Development Historic District

Case No. _____ Date filed: _____

Fee: \$400.00 Receipt No. _____

Type of district desired _____

Applicant: _____

Mailing Address: _____

Phone: _____

Agent: _____

Mailing Address: _____

Phone: _____

Location of property requested for Historic Overlay Zone:

(General part of town)

Legal description of metes & bounds if unplatted:

Present use of property: _____

Present Zoning of property: _____

Date of Landmarks Commission consideration: _____

Earliest possible date of Planning & Zoning Commission consideration: _____

Earliest possible date of City Council hearing (second reading): _____

Notes: _____

The undersigned has read the application and does hereby certify that all information contained therein is a true statement; and does hereby request that all necessary legal steps be taken to submit such request to the Commission at its next regular meeting. I further certify that I have been informed of the times(s) and date(s) that this request will be heard by the Landmarks Commission, Planning and Zoning Commission and City Council (if applicable). In addition, the staff will make a recommendation for approval or disapproval to both Commission and City Council on all requests. This recommendation will be made known to the proponent upon request approximately one week before the scheduled meeting of the Landmarks Commission.

Signed: _____

Application received by: _____

Describe the boundaries of the district: attach map
