

Planning Commission Application

Mailing Address PO Box 2711 Texarkana AR 75504-2711	Phone: 870-779-4944/4974 Fax: 870-773-2395	Physical Address: 216 Walnut Texarkana AR 71854
--	---	--

Application Number: _____

Receipt Number: _____

Public Hearing: _____

Amount Paid: _____

Agenda Deadline: _____

Application Date: _____

Applicant: _____

Mailing Address: _____

Telephone Number: _____ **Email:** _____

Street Address: _____

Legal Description: _____

Request:

- | | |
|---|---|
| <input type="checkbox"/> Rezoning | <input type="checkbox"/> Annexation/Detachment |
| <input type="checkbox"/> Residential | <input type="checkbox"/> ROW Abandonment |
| <input type="checkbox"/> Multi-Family, Commercial, Industrial | <input type="checkbox"/> Subdivision Plan |
| <input type="checkbox"/> Planned Unit Development | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Multi-Family, Commercial, Industrial |
| <input type="checkbox"/> Historic District Petition | |
| <input type="checkbox"/> Special Use Permit | |

Reason for Request: _____

If Rezoning:

Title Property Vested In: _____

Zoning Change From _____ To _____

Proof of Ownership or Leasehold Interest:

- | | |
|---|--|
| <input type="checkbox"/> Deed | <input type="checkbox"/> Executed Option Agreement |
| <input type="checkbox"/> Executed Offer/Acceptance Contract | <input type="checkbox"/> Executed Lease |
| <input type="checkbox"/> Annexation Petition | <input type="checkbox"/> ROW Abandonment Petition |

I, _____, the owner of record of the above described property hereby authorize the option or/purchaser and applicant herein to make application with the Texarkana, Arkansas Planning commission for the subject property.

Title Holder

Date