



Development Application

For Office Use
Case No. _____

Submission of an application does not indicate acceptance by the City of Live Oak.

Type of Request:

- | | |
|---------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Plat Certification |
| <input type="checkbox"/> Zone Change | <input type="checkbox"/> Preliminary Plat |
| <input type="checkbox"/> Zoning Change PUD | <input type="checkbox"/> Final Plat |
| <input type="checkbox"/> Zoning Variance | <input type="checkbox"/> Replat |
| <input type="checkbox"/> Zoning Special Exception | <input type="checkbox"/> Amending Plat |
| <input type="checkbox"/> Specific Use Permit | <input type="checkbox"/> Minor Plat |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Plat Waiver |

Project Name/Description: _____

Site Location Information

Legal Description _____

County Appraisal District Parcel ID # (all properties) _____

Address: _____ Number of Lots: _____ Acreage: _____

General Location of Property (if no address): _____

Subdivision Name: _____ Block: _____ Lot: _____

School District: JISD NEISD Other: _____

Zoning Information

Current Zoning: _____ Requested Zoning (if applicable): _____

Existing Land Use: _____ Proposed Land Use (if applicable): _____

Property Owner Information

Owner Name: _____

Owner Address: _____
(Street) (City) (State) (Zip)

Phone #: _____ Email: _____

Applicant Information - Check box if same as property owner

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Phone #: _____ Email: _____

Engineer/Surveyor Information (if applicable)

Name: _____
(Company) (Contact Person)

Address: _____
(Street) (City) (State) (Zip)

Phone #: _____ Email: _____

Authorized Agent Information (if applicable)

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Phone #: _____ Email: _____

I certify that I am the actual owner of the property described above and this application is being submitted with my consent (include corporate name if applicable) OR I am authorized by the property owner to submit this application and have attached written evidence of such authorization AND that I have reviewed the application, and all information submitted here in is true and correct.

Signature Owner: _____ Date: _____

Printed Name: _____

Office Use Only

Received Date: _____ Date Application Deemed Complete: _____

Case No.: _____ Review By: _____