



City of Benbrook  
 Community Development  
 P.O. Box 26569  
 911 Winscott Road  
 Benbrook, TX 76126  
 817-249-6067

# Development Application Community Development Department

Case Number (STAFF ONLY): \_\_\_\_\_

**Please complete both sides of this form.**

Please check the appropriate box below to indicate the type of development request below:

<input type="checkbox"/> Replat
<input type="checkbox"/> Preliminary Plat
<input type="checkbox"/> Minor Plat
<input type="checkbox"/> Final Plat
<input type="checkbox"/> Amending Plat
<input type="checkbox"/> Vacating Plat
<input type="checkbox"/> Easement Vacation
<input type="checkbox"/> Right-of-Way Vacation
<input type="checkbox"/> Conditional Use

<input type="checkbox"/> Site Plan
<input type="checkbox"/> Special Exception
<input type="checkbox"/> Meritorious Exception
<input type="checkbox"/> Variance (Single Family, Community Facility)
<input type="checkbox"/> Variance (Other)
<input type="checkbox"/> Zoning Change
<input type="checkbox"/> Comprehensive Plan Amendment
<input type="checkbox"/> Zoning Ordinance Text Amendment
<input type="checkbox"/> Other _____

**PROPERTY DESCRIPTION:**

Address or Location:		
Legal Description:		
Subdivision:	Lot:	Block:
Total Land Area (acres/sq. ft.):		
Current Zoning Class:	Proposed Zoning Class:	
Current Use:	Proposed Use:	

**OWNER:**

Name:	Phone:
Address:	Cell Phone:
City, State, Zip:	Fax:
Contact Person:	Email:

**APPLICANT (If not Owner named above) SEE PAGE 3:**

Name:	Phone:
Address:	Cell Phone:
City, State, Zip:	Fax:
Contact Person:	Email:



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**ACKNOWLEDGEMENTS:**

I certify that the above information is correct and complete to the best of my knowledge and ability and that I am now or will be fully prepared to present the above proposal to the Planning and Zoning Commission and or City Council.

I understand that my application will not be processed until the next Application Deadline, as listed on the Development Review Calendar.

I understand that information provided with this submittal, or in revised submittals, may be presented to the Planning and Zoning Commission and City Council. Incomplete applications or incomplete information may result in the tabling of the item at the request of city staff, the Planning and Zoning Commission, or City Council.

I understand that in the event the undersigned is not present or represented at the public hearing, the Planning and Zoning Commission shall have the power to dismiss this proposal either at the call of the case or after hearing and such dismissal shall constitute a denial by both the Planning and Zoning Commission and the City Council.

I understand that, if approved, the plat will not be recorded until a Developer’s Agreement has been executed with the City of Benbrook and the Benbrook Water Authority, and all required fees have been paid.

I reserve the right to withdraw this proposal at any time, except during notice periods, upon written request filed with the Community Development Department, and such withdraw shall immediately stop all proceedings thereon; provided, however, withdraw filed any time after giving of notice of the Planning and Zoning Commission hearing shall constitute a denial by the Commission and the City Council. I understand that the filing fee is not refundable upon withdraw of proposal.

**SIGNED:**

**Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE:** If this case is going to be represented by person(s) other than the owner, an “Agent Authorization” will be required to be signed and notarized on Page Three of this application.

**For Office Use Only**

Case Number: \_\_\_\_\_  
 Receipt Number: \_\_\_\_\_  
 Application Fee: \$ \_\_\_\_\_  
 DRC Date: \_\_\_\_\_  
 P & Z Date: \_\_\_\_\_  
 City Council Date: \_\_\_\_\_



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**AUTHORIZED AGENT (Agent of the OWNER or APPLICANT):**

Name:	Phone:
Address:	Cell Phone:
City, State, Zip:	Fax:
Contact Person:	Email:

**AGENT AUTHORIZATION**

In lieu of representing this request myself as the owner or applicant of the subject property, I hereby authorize the person designated as agent above to act in the capacity as my agent for the application, processing, representation and/or presentation of this request. The designated agent shall be the principle contact person with the City (and vice versa) in processing and responding to requirements, information, and/or hearings relative to this case. I also understand that it is necessary for me or my authorized agent to be present at all Public Hearings.

\_\_\_\_\_  
*Signature of Owner*                                  *Name Printed or Typed*                                  *Date*

\_\_\_\_\_  
*Signature of Applicant (if different from Owner and Authorized Agent)*                                  *Name Printed or Typed*                                  *Date*

**NOTARY STATEMENT:**

Signed and affirmed before me, on this the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_, by \_\_\_\_\_ (name(s) of individual(s) making statement).

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
*Notary Public in and for the State of Texas*