### Universal Application Form

All applications must be submitted with (1) a complete Universal Application Form, (2) a completed application checklist, and (3) all materials listed in the appropriate checklist. The Planning and Development Department staff is available to assist you in person at City Hall or by phone, please call 940-498-3206 for an appointment. Applications shall be processed based on the City’s official submission dates.

Date: Click or tap here to enter text.

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| **APPLICATION TYPE (Click or tap each box that applies) (Box 1 of 8)** |
| **Zoning Related Applications** | **Subdivision Related Applications** | **Miscellaneous Applications** |
|[ ]  Reinstate Nonconforming Rights |[ ]  Preliminary Plat |[ ]  Comprehensive Plan Amendment |
|[ ]  Zoning Map Amendment (Rezoning) |[ ]  Final Plat |[ ]  Fence Variance |
|[ ]  PD, Planned Development Zoning Map Amendment (Rezoning) |[ ]  Minor Plat |[ ]  Sign Building Permit |
|[ ]  Specific Use Permit |[ ]  Replat |[ ]  Sign Building Permit (Conditional) |
|[ ]  Administrative Decision Appeal |[ ]  Amending Plat |[ ]  Sign Variance |
|[ ]  Zoning Variance |[ ]  Conveyance Plat |[ ]  Unified Sign Plan |
|[ ]  Zoning Special Exception |[ ]  Plat Vacation |  |  |
|[ ]  Zoning Vested Rights  |[ ]  Engineering Construction Plan |  |  |
|[ ]  Site Plan |[ ]  Park/Trail Dedication |  |  |
|[ ]  Alternative Compliance  |[ ]  Subdivision Waiver |  |  |
|  |  |[ ]  Proportionality Appeal |  |  |
|  |  |[ ]  Subdivision Vested Rights |  |  |
| **APPLICANT INFORMATION (Box 2 of 8)** |
| Applicant Name: Click or tap here to enter text. | Company: Click or tap here to enter text. |
| Address: Click or tap here to enter text. |
| City/State/Zip: Click or tap here to enter text. |
| Contact Number: Click or tap here to enter text. | Secondary Number: Click or tap here to enter text. |
| Email: Click or tap here to enter text. |
| Project Name: Click or tap here to enter text. |
| **POINT-OF-CONTACT INFORMATION (Box 3 of 8)** |
| Name: Click or tap here to enter text. | Company: Click or tap here to enter text. |
| Contact Number: Click or tap here to enter text. |
| Email: Click or tap here to enter text. |
| **PROPERTY OWNER INFORMATION (Box 4 of 8)** |
| Owner’s Name: Click or tap here to enter text. | Company: Click or tap here to enter text. |
| Address: Click or tap here to enter text. |
| City/State/Zip: Click or tap here to enter text. |
| Contact Number: Click or tap here to enter text. | Secondary Number: Click or tap here to enter text. |
| Email: Click or tap here to enter text. |

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| **SUBJECT PROPERTY INFORMATION (Box 5 of 8)** |
| Address: Click or tap here to enter text. |
| Parcel Tax ID#: Click or tap here to enter text. |
| Legal Description: Click or tap here to enter text. | Block: Click or tap here to enter text.  | Lot: Click or tap here to enter text. |
| Subdivision Name: Click or tap here to enter text. |
| **BILL FEES TO** | **(Box 6 of 8)** |
| **Choose an item.** (If Other, Fill out below) |
| Name: Click or tap here to enter text. | Company: Click or tap here to enter text. |
| Address: Click or tap here to enter text. |
| City/State/Zip: Click or tap here to enter text. |
| Contact Number: Click or tap here to enter text. |
| Contact Email: Click or tap here to enter text. |
| **Property Owner Consent/ Agent Authorization** | **(Box 7 of 8)** |
| By my signature, I hereby afﬁrm that I am the property owner of record, or if the applicant is an organization or business entity, that authorization has been granted to represent the owner, organization or business in this application. I certify that the preceding information is complete and accurate, and it is understood that I agree to the application being requested for this property. Additionally, my signature below indicates my awareness of the fee required at the time of the application submittal and any additional fees as noted in the City’s fee schedule. This fee is non-refundable even in the event of application withdrawal. I have the power to authorize and hereby grant permission for City of Corinth ofﬁcials to enter the property on ofﬁcial business as part of the application process.By signing this form, the owner of the property authorizes the City of Corinth to begin proceeding in accordance with the process for the type of application indicated on this application. The owner/applicant further requests a Waiver of Right to 30-Day Action. The owner acknowledges that submission of an application does not in any way obligate the City to approve the application, and, that although City staff may make certain recommendations regarding this application, the decision-making authority may not follow that recommendation and may make a ﬁnal decision that does not conform to the staff’s recommendation. We, the undersigned, being owners of subject real property, do hereby authorize: |
| Printed Name:Click or tap here to enter text. |
| Address:Click or tap here to enter text. |
| ...to act as our Agent in the matter of this request. The term agent shall be construed to mean any lessee, developer, option holder, or authorized individual who is authorized to act in behalf of the owner(s) of said property.**SIGNATURES OF ALL PROPERTY OWNERS** |
| Printed Name: Click or tap here to enter text. |
| Signature: |
| Address: Click or tap here to enter text. |
| Printed Name: Click or tap here to enter text. |
| Signature: |
| Address: Click or tap here to enter text. |
| Printed Name: Click or tap here to enter text. |
| Signature:  |
| Address: Click or tap here to enter text. |
| **Notary (Box 8 of 8)** |
| STATE OF TEXAS §COUNTY OF §BEFORE ME, the undersigned authority in and for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Texas, on this day personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, known to me to be the person and officer whose name is subscribed to the foregoing instrument and acknowledged to me that he/she is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and that he/she is authorized to execute the foregoing instrument for the purposes and consideration therein expressed, and in the capacity therein stated.GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Notary Public in and for the State of Texas\_Click or tap here to enter text.\_ Type or Print Notary's NameMy Commission Expires:  |

**DATE APPLICATION RECEIVED BY CITY:**

**FEES PAID**

**DATE FEES PAID**

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**STAFF USE ONLY BELOW**

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| **SUBJECT PROPERTY INFORMATION (Box 5 of 8)** |
| Address:  |
| Parcel Tax ID#: |
| Legal Description: Block: Lot: |
| Subdivision Name: |