



CITY OF CORINTH

3300 Corinth Parkway • Corinth, Texas 76208 • (940) 498-3206 • (940) 498-7576 fax • www.cityofcorinth.com

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.

Click or tap to enter a date.

APPLICATION TYPE			(Box 1 of 8)
Zoning Related Applications	Subdivision Related Applications	Miscellaneous Applications	
<input type="checkbox"/> Reinstatement Nonconforming Rights	<input type="checkbox"/> Preliminary Plat	<input type="checkbox"/> Comprehensive Plan Amendment	
<input type="checkbox"/> Zoning Map Amendment (Rezoning)	<input type="checkbox"/> Final Plat	<input type="checkbox"/> Fence Variance	
<input type="checkbox"/> PD, Planned Development Zoning Map Amendment (Rezoning)	<input type="checkbox"/> Minor Plat	<input type="checkbox"/> Sign Building Permit	
<input type="checkbox"/> Specific Use Permit	<input type="checkbox"/> Replat	<input type="checkbox"/> Sign Building Permit (Conditional)	
<input type="checkbox"/> Administrative Decision Appeal	<input type="checkbox"/> Amending Plat	<input type="checkbox"/> Sign Variance	
<input type="checkbox"/> Zoning Variance	<input type="checkbox"/> Conveyance Plat	<input type="checkbox"/> Unified Sign Plan	
<input type="checkbox"/> Zoning Special Exception	<input type="checkbox"/> Plat Vacation		
<input type="checkbox"/> Zoning Vested Rights	<input type="checkbox"/> Engineering Construction Plan		
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Park/Trail Dedication		
<input type="checkbox"/> Alternative Compliance	<input type="checkbox"/> Subdivision Waiver		
	<input type="checkbox"/> Proportionality Appeal		
	<input type="checkbox"/> 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 No.: 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 No: Click or tap here to enter text.	
Email: Click or tap here to enter text.			
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.			



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Legal Description:	BlockClick 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)
<p>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.</p> <p>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.</p> <p>We, the undersigned, being owners of subject real property, do hereby authorize:</p>		
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.		
<u>SIGNATURES OF ALL PROPERTY OWNERS</u>		
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.		



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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 Name

My Commission Expires: Enter Date

STAFF USE ONLY BELOW

[Empty dashed box for date application received by city]

[Box with '\$' symbol for fees paid]

FEES PAID

[Empty box for date fees paid]

DATE FEES PAID

DATE APPLICATION
RECEIVED BY CITY: