CITY OF ALLEN

FOR OFFICE USE ONLY
Case No: _____
Fee Paid $:_____
Date Submitted: _____

ZONING APPLICATION

TYPE OF REQUEST: Straight Zoning ( ) Planned Development ( ) PD Amendment ( )

MINIMUM SUBMITTAL REQUIREMENTS

The application will not be accepted without all of the following:

____ Application completed and attached checklist completed in full
____ Application Fee – including the Public Hearing Sign fee.
____ Fourteen (14) copies of request with land use plan in 24 x 36 folded– for TRC
____ Traffic Impact Analysis (if applicable)

____ An electronic version (.pdf) of the plan – must be emailed to tmcleod@cityofallen.org on the day of submittal

Planned Developments:
____ Fourteen (14) copies of Concept Plan in 24 x 36 folded – for TRC
____ Fourteen (14) copies of Elevations in 24 x 36 folded, color elevations on 11x17
____ Proposed Development Regulations
____ An electronic version (.pdf) of the plan and elevations – must be emailed to tmcleod@cityofallen.org on the day of submittal

Complete text of requirements in Allen Land Development Code can be found on web site at www.cityofallen.org

NAME OF PROJECT _____

ADDRESS OR LOCATION _____ **ACRES**_____

LEGAL DESCRIPTION_____ **ZONING**_____

REQUEST CHANGE FROM: _____ **TO:** _____

PROPOSED USE OF PROPERTY: _____

_____

APPLICANT/PROJECT MANAGER'S INFORMATION (Primary Contact for the Project):

Name _____

Street Address _____ City _____

State _____ Zip Code _____ E-Mail Address _____

Phone Number _____ Fax Number _____

PROPERTY OWNER'S INFORMATION:

Name _____

Street Address _____ City _____

State _____ Zip Code _____ E-Mail Address _____

Phone Number _____ Fax Number _____

ARCHITECT OR ENGINEER'S INFORMATION:

Name _____

Street Address _____ City _____

State _____ Zip Code _____ E-Mail Address _____

Phone Number _____ Fax Number _____

OTHER CONTACTS (Please specify type of contact, i.e. project manager, potential buyer, local contact, etc.)

Name _____

Street Address _____ City _____

State _____ Zip Code _____ E-Mail Address _____

Phone Number _____ Fax Number _____

The applicant has prepared this application and certifies that the facts stated herein and exhibits attached hereto are true and correct.

_____ _____

Signature of Owner Date

IF SIGNED ABOVE BY OTHER THAN THE OWNER, THEN THE STATEMENT BELOW MUST BE COMPLETED:

I, _____, owner of this property, do hereby authorize _____ to act on my behalf regarding the zoning of this property.

_____

Owner

STATE OF TEXAS §
COUNTY OF COLLIN §

BEFORED ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. GIVEN UNDER MY HAND and seal of office this _____ day of _____, 20____, A.D.

_____

Notary Public

CHECKLIST TO BE SUBMITTED WITH ZONING APPLICATION

Non-Residential Concept Plan shall include:

_____ Date of Preparation

_____ North Arrow and Scale

_____ Applicable Concept Plan label:
- "Zoning Concept Plan"
- "PD Concept Plan"
- "PD Amendment Concept Plan"

_____ Name, address and phone number of owner

_____ Name, address and phone number of preparer

_____ Proposed layout drawn to scale

_____ Site Topography with Contour Intervals.

_____ Boundary of the Planned Development District (if applicable)

_____ Floodplain Area and Generalized location of Treed areas.

_____ Land Uses and acreage of each use.

_____ Building Sites or Lots.

_____ Lot Coverage and Floor Area Ratio for each use.

_____ Building height and location.

_____ Parking and Circulation Areas.

_____ Identification of Major Access Points.

_____ Right of Way or other areas to be dedicated to the City.

_____ Recordation information identified as either Deed Records (DRCCT) or Plat Records (PRCCT).

_____ Location of building setbacks along the site boundaries, on dedicated streets between residential and non-residential uses.

_____ Parking Ratio

_____ Off street Parking and Loading.

_____ Indication of each phase of development if separate phases are proposed

_____ Hike and bike trails.

_____ Existing overhead utility lines.

CHECKLIST TO BE SUBMITTED WITH ZONING APPLICATION

Residential Concept Plan shall include:

_____ Date of Preparation

_____ North Arrow and Scale

_____ Name, address and phone number of owner

_____ Name, address and phone number of preparer

_____ Proposed layout drawn to scale

_____ Site Topography with Contour Intervals.

_____ Boundary of the Zoning District.

_____ Floodplain Area and Generalized location of Treed areas.

_____ Land Uses and acreage of each use.

_____ Density (gross and net)

_____ Identification of Major Access Points.

_____ Right of Way or other areas to be dedicated to the City.

_____ Recordation information identified as either Deed Records (DRCCT) or Plat Records (PRCCT).

_____ Location of building setbacks along the site boundaries and on perimeter dedicated streets.

_____ Open space w/ calculations, common areas and parkland.

_____ Fence row trees and/or proposed mitigation of same.

_____ Preliminary lot arrangements and street patterns.

_____ Indication of each phase of development (if separate phases are proposed)

_____ Hike and bike trails.

_____ Existing overhead utility lines.

For residential development that does not propose individual platted lots, the concept plan shall also show the size, type and location of buildings, building sites, lot coverage, access, screening, parking and circulation areas, and landscaped areas.

SUBMITTAL FEES, COPY REQUIREMENTS AND PROCESS
ZONING

The Department of Community Development accepts applications until *5:00 p.m. on Friday.* Submittals will be reviewed by departments and on the 11th day after a submission (Tuesdays at 9:00 AM) the Technical Review Committee (TRC) will review the submission with the applicants/consultants. Applicants/consultants are encouraged to attend.

Prior to submission of a zoning request, a meeting with staff is recommended. At the time of actual submission, the attached checklist should be attached. Incomplete applications *will not* be accepted.

Submission to Technical Review Committee (TRC)

Concept Plan

Application and Zoning Fee required
Plan - 13 copies 24x36, 1 copy 11x17 (**Please submit all 24x36 copies in blackline, and *FOLDED)***
Electronic Copy PDF and JPEG of Site
Word Document
- Legal Description and
- Development Regulations (with Final Version)

ZONING FEES:

$500 plus $10 per acre (rounded up to nearest acre)

$200 for Public Hearing sign.

Zoning Process:

1. Once a completed application is accepted by staff, the request will be reviewed at the Technical Review Committee (TRC) meeting.

2. Public hearing date is set and the City sends required notices 10 days prior to hearing subject to legal notification requirements.

3. Staff places a sign on the property 10 days prior to the public hearing date.

4. Public hearing is held by Planning & Zoning Commission and, if a favorable recommendation is made, it is forwarded to City Council. If recommended for denial, the proponent has the option to appeal the decision to the City Council. A written request to appeal the decision of the Planning & Zoning Commission must be submitted within 30 days of the date of denial.

5. Staff sets date for the public hearing before City Council subject to 15-day legal notification requirements in newspaper.