

CITY OF SANTA FE, TEXAS

ZONING PERMIT APPLICATION

Applicant Name:

Mailing Address:

Phone Number:

Property Address/Location:

Property Tax ID #:

Zoning District:

Change Use: YES or NO

Previous Use:

Proposed Use:

Type Use: RESIDENTIAL or COMMERCIAL

Lot Size/Area:

Services: Water-Sewer Water-Septic Well-Septic

****Fixed fee for zoning permit is \$25.00****

Applicant Signature:

Date:

Approval:
