



Town of Argyle Planned Development Zoning Change Application

PLEASE PRINT		
Date of Application:		
Property Location:		
Lot:	Block:	Subdivision:
Current Zoning:		Requested Zoning:
A metes and bounds description must be attached if the request is for a portion of a platted lot or the property is not platted		
Property Owner information		
Name:	Owner Signature:	
Address:	Work Phone:	
City/State/Zip:	Phone:	
Fax:	Email:	
Contact Name:	Contact Number:	
Applicant / Developer Information		
Name:	Applicant Signature:	
Address:	Work Phone:	
City/State/Zip:	Phone:	
Fax:	Email:	
Contact Name:	Contact Number:	
Engineer Information		
Name:	Engineer Signature:	
Address:	Work Phone:	
City/State/Zip:	Phone:	
Fax:	Email:	
Contact Name:	Contact Number:	
Surveyor Information		
Name:	Applicant Signature:	
Address:	Work Phone:	
City/State/Zip:	Phone:	
Fax:	Email:	
Contact Name:	Contact Number:	

FOR OFFICE USE ONLY		
Date Received:	Application Fee:	
# of Signs:	P&Z Date:	Town Council Date:
Employee:	Application Filed:	
Cash / Check # / CC:		