



# APPLICATION FOR VOLUNTARY ANNEXATION

The Planning & Zoning Commission meets every 1st Wednesday of each month at 5:30 pm.

The City Commission meets every 1st and 3rd Tuesday of each month at 5:30 pm

FILE NO. \_\_\_\_\_

## GENERAL INFORMATION

Name of Subdivision: \_\_\_\_\_

Location: \_\_\_\_\_

Legal Description: \_\_\_\_\_

\_\_\_\_\_

- \_\_\_\_\_ Petition for annexation signed and notarized by property owners.
- \_\_\_\_\_ Detailed dimensioned site plan/map must be submitted with this request.
- \_\_\_\_\_ Survey and metes and bounds.
- \_\_\_\_\_ City and school tax receipts attached.

## OWNER INFORMATION

Owner's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

## ENGINEER INFORMATION

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

## AUTHORIZATION AND ACKNOWLEDGEMENTS

I certify that I am the actual owner of the property described above and this application is being submitted with my consent (include corporate name if applicable); and the following person listed below is my authorized agent to act on my behalf.

I certify that the above information is correct and complete to the best of my knowledge. I understand that I must comply with all applicable local, state, and federal regulations.

Owner Printed Name: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ is the authorized agent

Authorized Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Agent Printed Name: \_\_\_\_\_

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**THIS PAGE FOR STAFF USE ONLY**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Staff Review Date: \_\_\_\_\_

P & Z Commission Approval: \_\_\_\_\_

City Commission Approval on First Reading: \_\_\_\_\_

City Commission Approval on Final Reading: \_\_\_\_\_