



PLANNING AND ZONING CASE CHECKLIST

City of Rockwall
Planning and Zoning Department
385 S. Goliad Street
Rockwall, Texas 75087

P&Z CASE # M152021-005 P&Z DATE 05/11/21 CC DATE _____ APPROVED/DENIED _____

ARCHITECTURAL REVIEW BOARD DATE _____ HPAB DATE _____ PARK BOARD DATE _____

| ZONING APPLICATION |
|--|
| <input type="checkbox"/> SPECIFIC USE PERMIT |
| <input type="checkbox"/> ZONING CHANGE |
| <input type="checkbox"/> PD CONCEPT PLAN |
| <input type="checkbox"/> PD DEVELOPMENT PLAN |

| SITE PLAN APPLICATION |
|--|
| <input type="checkbox"/> SITE PLAN |
| <input type="checkbox"/> LANDSCAPE PLAN |
| <input type="checkbox"/> TREESCAPE PLAN |
| <input type="checkbox"/> PHOTOMETRIC PLAN |
| <input type="checkbox"/> BUILDING ELEVATIONS |
| <input type="checkbox"/> MATERIAL SAMPLES |
| <input type="checkbox"/> COLOR RENDERING |

| PLATTING APPLICATION |
|--|
| <input type="checkbox"/> MASTER PLAT |
| <input type="checkbox"/> PRELIMINARY PLAT |
| <input type="checkbox"/> FINAL PLAT |
| <input type="checkbox"/> REPLAT |
| <input type="checkbox"/> ADMINISTRATIVE/MINOR PLAT |
| <input type="checkbox"/> VACATION PLAT |
| <input type="checkbox"/> LANDSCAPE PLAN |
| <input type="checkbox"/> TREESCAPE PLAN |

| |
|--|
| <input type="checkbox"/> COPY OF ORDINANCE (ORD.# _____) |
| <input checked="" type="checkbox"/> APPLICATIONS |
| <input checked="" type="checkbox"/> RECEIPT |
| <input checked="" type="checkbox"/> LOCATION MAP |
| <input type="checkbox"/> HOA MAP |
| <input type="checkbox"/> PON MAP |
| <input type="checkbox"/> FLU MAP |
| <input type="checkbox"/> NEWSPAPER PUBLIC NOTICE |
| <input type="checkbox"/> 500-FT. BUFFER PUBLIC NOTICE |
| <input type="checkbox"/> PROJECT REVIEW |
| <input type="checkbox"/> STAFF REPORT |
| <input type="checkbox"/> CORRESPONDENCE |
| <input type="checkbox"/> COPY-ALL PLANS REQUIRED |
| <input type="checkbox"/> COPY-MARK-UPS |
| <input type="checkbox"/> CITY COUNCIL MINUTES-LASERFICHE |
| <input type="checkbox"/> MINUTES-LASERFICHE |
| <input type="checkbox"/> PLAT FILED DATE _____ |
| <input type="checkbox"/> CABINET # _____ |
| <input type="checkbox"/> SLIDE # _____ |
| NOTES: _____ |
| _____ |
| _____ |
| _____ |
| _____ |
| ZONING MAP UPDATED _____ |



DEVELOPMENT APPLICATION

City of Rockwall
Planning and Zoning Department
385 S. Goliad Street
Rockwall, Texas 75087

STAFF USE ONLY

PLANNING & ZONING CASE NO. M152821-005

NOTE: THE APPLICATION IS NOT CONSIDERED ACCEPTED BY THE CITY UNTIL THE PLANNING DIRECTOR AND CITY ENGINEER HAVE SIGNED BELOW.

DIRECTOR OF PLANNING:

CITY ENGINEER:

PLEASE CHECK THE APPROPRIATE BOX BELOW TO INDICATE THE TYPE OF DEVELOPMENT REQUEST [SELECT ONLY ONE BOX]:

PLATTING APPLICATION FEES:

- MASTER PLAT (\$100.00 + \$15.00 ACRE) ¹
- PRELIMINARY PLAT (\$200.00 + \$15.00 ACRE) ¹
- FINAL PLAT (\$300.00 + \$20.00 ACRE) ¹
- REPLAT (\$300.00 + \$20.00 ACRE) ¹
- AMENDING OR MINOR PLAT (\$150.00)
- PLAT REINSTATEMENT REQUEST (\$100.00)

SITE PLAN APPLICATION FEES:

- SITE PLAN (\$250.00 + \$20.00 ACRE) ¹
- AMENDED SITE PLAN/ELEVATIONS/LANDSCAPING PLAN (\$100.00)

ZONING APPLICATION FEES:

- ZONING CHANGE (\$200.00 + \$15.00 ACRE) ¹
- SPECIFIC USE PERMIT (\$200.00 + \$15.00 ACRE) ¹
- PD DEVELOPMENT PLANS (\$200.00 + \$15.00 ACRE) ¹

OTHER APPLICATION FEES:

- TREE REMOVAL (\$75.00)
- VARIANCE REQUEST (\$100.00)

NOTES:

¹: IN DETERMINING THE FEE, PLEASE USE THE EXACT ACREAGE WHEN MULTIPLYING BY THE PER ACRE AMOUNT. FOR REQUESTS ON LESS THAN ONE ACRE, ROUND UP TO ONE (1) ACRE.

PROPERTY INFORMATION [PLEASE PRINT]

ADDRESS 801 Peters colony Rockwall TX 75087

SUBDIVISION _____ LOT _____ BLOCK _____

GENERAL LOCATION _____

ZONING, SITE PLAN AND PLATTING INFORMATION [PLEASE PRINT]

CURRENT ZONING _____ CURRENT USE _____

PROPOSED ZONING _____ PROPOSED USE _____

ACREAGE _____ LOTS [CURRENT] _____ LOTS [PROPOSED] _____

SITE PLANS AND PLATS: BY CHECKING THIS BOX YOU ACKNOWLEDGE THAT DUE TO THE PASSAGE OF HB316Z THE CITY NO LONGER HAS FLEXIBILITY WITH REGARD TO ITS APPROVAL PROCESS, AND FAILURE TO ADDRESS ANY OF STAFF'S COMMENTS BY THE DATE PROVIDED ON THE DEVELOPMENT CALENDAR WILL RESULT IN THE DENIAL OF YOUR CASE.

OWNER/APPLICANT/AGENT INFORMATION [PLEASE PRINT/CHECK THE PRIMARY CONTACT/ORIGINAL SIGNATURES ARE REQUIRED]

OWNER

APPLICANT

CONTACT PERSON Amber Hass

CONTACT PERSON Same

ADDRESS 801 Peters colony

ADDRESS _____

CITY, STATE & ZIP Rockwall TX 75087

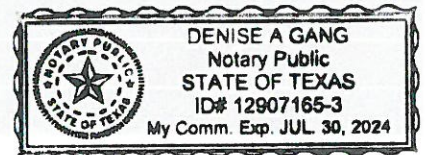
CITY, STATE & ZIP _____

PHONE 972) 505-5897

PHONE _____

E-MAIL Amby-75087@yahoo.com

E-MAIL _____



NOTARY VERIFICATION [REQUIRED]

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED Amber Hass [OWNER] THE UNDERSIGNED, WHO STATED THE INFORMATION ON THIS APPLICATION TO BE TRUE AND CERTIFIED THE FOLLOWING:

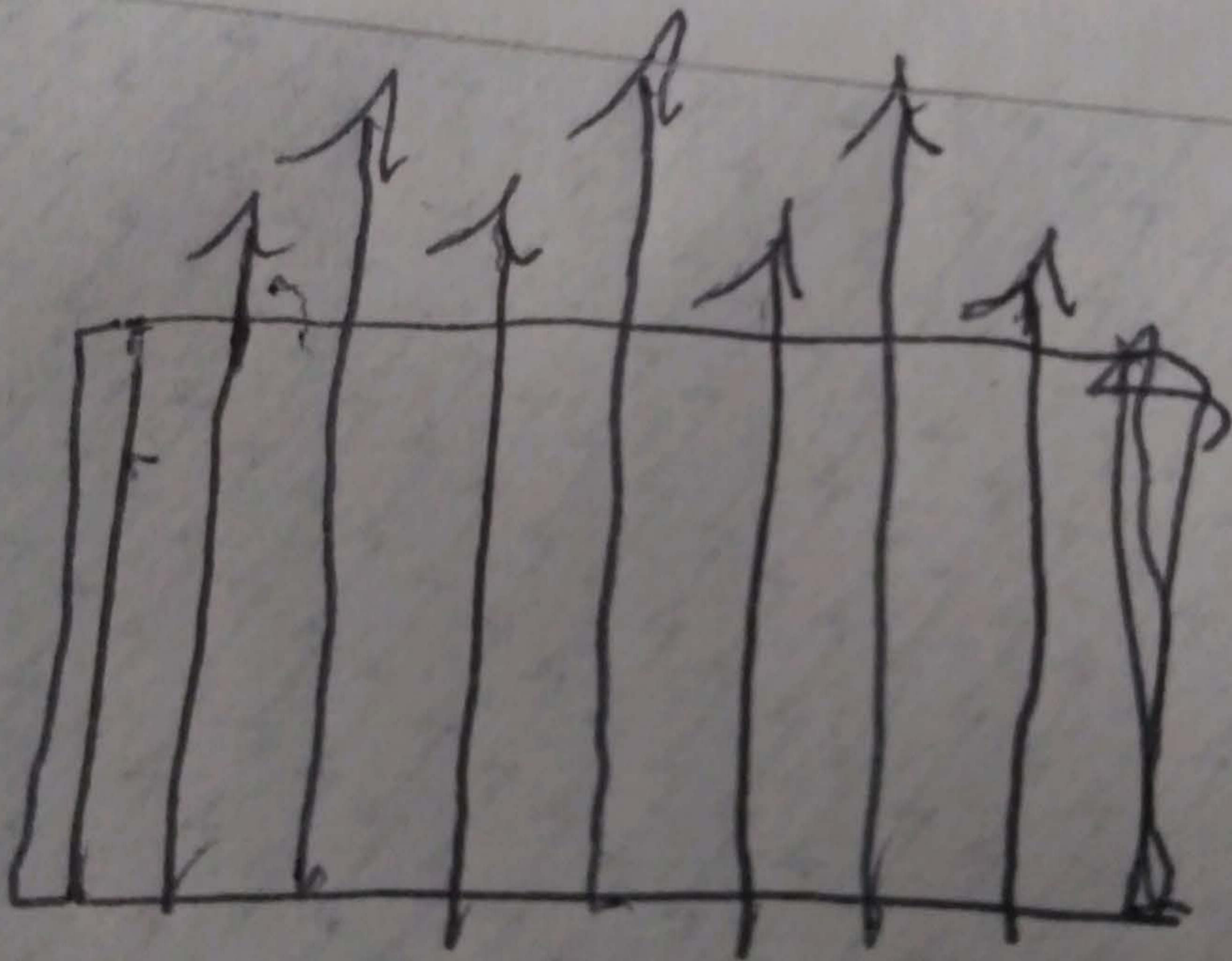
"I HEREBY CERTIFY THAT I AM THE OWNER FOR THE PURPOSE OF THIS APPLICATION; ALL INFORMATION SUBMITTED HEREIN IS TRUE AND CORRECT, AND THE APPLICATION FEE OF \$ 100.00 TO COVER THE COST OF THIS APPLICATION, HAS BEEN PAID TO THE CITY OF ROCKWALL ON THIS THE 19th DAY OF April, 2021. BY SIGNING THIS APPLICATION, I AGREE THAT THE CITY OF ROCKWALL (I.E. "CITY") IS AUTHORIZED AND PERMITTED TO PROVIDE INFORMATION CONTAINED WITHIN THIS APPLICATION TO THE PUBLIC. THE CITY IS ALSO AUTHORIZED AND PERMITTED TO REPRODUCE ANY COPYRIGHTED INFORMATION SUBMITTED IN CONJUNCTION WITH THIS APPLICATION, IF SUCH REPRODUCTION IS ASSOCIATED OR IN RESPONSE TO A REQUEST FOR PUBLIC INFORMATION."

GIVEN UNDER MY HAND AND SEAL OF OFFICE ON THIS THE 19 DAY OF April, 2021.

OWNER'S SIGNATURE Amber Hass

NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

MY COMMISSION EXPIRES July 30, 2024



AA

wayfair.com







