	City of Lindsay	940-665-4455
	608 Ash Street P.O. Box 153	cityoflindsay@ntin.ne
_	Lindsay, TX 76250	
Zoning Changes	□ Specific Use Permit □ Variance □	Site Plan 🛛 Misc.
Request Information		
Location		
	Lot Block	
Existing Zoning	Requested Zoning/Use	
*A metes and b	ounds description must be atta	ched if the request is
for: (A) a nortio	n of a platted lot or (B) not a pl	atted lot Please
nclude the reas	son for request on a separate pa	aper.
Applicant/Owner Info	ormation	
	Phone	Email
`itv	State	Zin Code
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`ontact's Status		
Contact's Status The owner's signature	is required on this application and must be no	tarized, whether a single owner or
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Council or Staff without refund of fees. Fees required for this application established by the City of Lindsay must be submitted simultaneously with this

Fees required for this application established by the City of Lindsay must be submitted simultaneously with this application for acceptance.

City of Lindsay Disclosure of Interests

The applicant and the owner shall both file statement in those cases where the applicant does not own the property which is the subject of consideration or action. Every question must be answered. If the question is not applicable, answer with "N/A".

Disclosure Questions

- A. Do you believe that a City official* or City employee** may have a conflict of interest in the property or application referenced on the application □ Yes □No
- B. If so, state the name of the City official or employee of the City of Lindsay known by you that may have a conflict of interest in the property or application referenced on the application.

Name

Council, Board, Commission or City

C. State all information upon which you base this belief (use additional paper, if necessary).

I certify that all information provided is true and correct as of the date of this statement, that I have not knowingly withheld disclosure of any information requested: and that supplemental statements will be promptly submitted to the City of Lindsay, Texas as changes occur.

Name of Certifying Person:

Title of Certifying Person:

Signature of Certifying Person

Date

*Mayor, City Council members and Planning and Zoning Commission members **City Planner, City Secretary, City Attorney, City Engineer and all city employees

Monica/Forms/Specific Use