



City of Cresson
P.O. Box 619
Cresson, TX 76035
817-396-4729

COMPLETE APPLICATION CHECK LIST:

- ☐ Completed Application
- ☐ Fee
- ☐ Legal Description
- ☐ Concept Plan
- ☐ List of Adj. Property Owners & Addresses
- ☐ One set of 8-1/2 x 11 reproducible copies
OR One digital copy in PDF format.

REQUEST for CHANGE OF ZONING:

Name of Applicant/Owner: <u>Christina Gingrich</u>	Date: <u>7-24-25</u>
Name of Applicant(s)/Owner(s)' Agent: <u>Christina Dance</u>	Fee: <u>See Development Fees</u>
I, the undersigned owner(s) or authorized agent(s) of the owner(s) of the following described real property located in the City of Cresson, Texas, hereby make application for change of zoning classification From: <u>Single Family-7(SF7)</u> To: <u>Industrial (I)</u>	
I hereby certify that there are no existing dwellings or other buildings located on the property which would not conform to the construction standards of the zoning classification being proposed, except as provided in the section relative to Nonconforming Uses, Lots, and Structures of the City of Cresson Zoning Ordinance.	
Property Owner(s): (signature required) <u>Christina Dance</u> <u>216 S. Skyline Ct.</u> (Signature) (Street Address) <u>Christina Dance</u> <u>Cresson TX 76035</u> (Printed Name) (City, State & Zip Code) <u>817-470-3410 682-540-9312</u> <u>UPNGONE07@yahoo.com</u> (Telephone No.) (Email Address)	
I, <u>Christina Gingrich</u>, as owner or duly authorized officer of the property hereinafter referenced do hereby execute this document (above) and certify that all taxes owed on the subject parcel(s) have been paid to the current year. (Please attach blue tax certificate.)	

ADDITIONAL INFORMATION:

Applicant/Owner(s)' Agent: (signature required – attach additional pages if needed)	
(Signature)	(Street Address)
(Printed Name)	(City, State & Zip Code)
(Telephone No.)	(Email Address)
Surveyor or Land Planner: (signature required)	
(Signature)	(Street Address)
(Printed Name)	(City, State & Zip Code)
(Telephone No.)	(Email Address)

PROPERTY INFORMATION:

Attach the written legal description and submit with this application form (metes & bounds written on an 8-1/2 x 11 sheet).

Select the appropriate box below and provide the information: (select one)

<input checked="" type="checkbox"/>	An existing lot of record: A <u>1.500</u> acre tract of the <u>Bluebonnet Hill</u> Addition to the City of Cresson, Texas. (Circle one) Tract(s)/ Lot (s) <u>36A</u> Blocks (s) <u>1</u>
<input type="checkbox"/>	Property within the bounds of an existing survey: An _____ acre tract of the _____ Survey, Abstract No. _____ to the City of Cresson, Texas.
<input type="checkbox"/>	Restrictive Covenants/Easements: Volume _____ Page _____ Date _____

PROPOSED USE of PROPERTY:

For

Proposed Use(s): Secure storage for vehicles associated with my towing business.

Is the proposed use listed as a Permitted Use as listed in Land Use Table in Section 12.2 of the Zoning Ordinance?

☒ Yes

☐ No; listed as _____

Is the proposed zoning compatible with adjacent and nearby uses? If no, please list adjacent uses:

☒ Yes

☒ No; adjacent uses _____

Does the proposed use comply with the Future Land Use Plan of the City's approved Comprehensive Plan?

☐ Yes

☒ No; Land use is designated as: _____

Will development of the rezoned property require construction or extension of Public Facilities?

☐ Yes

☒ No

Concept Plan: (Attach the plan on a separate sheet showing the following minimum requirements.)

1. Title, name of subdivision, existing zoning, proposed zoning.
2. Name and address of property owner and surveyor or land planner.
3. Property lines with bearings and distances.
4. Scale and north arrow (min. scale of 1" = 100').
5. Proposed setbacks and footprint of proposed structures.
6. All existing and proposed structures, streets, alleys, easements, driveway, trees and signs.

Office Use Only

Application accepted by:	Date:
Checked for completeness by:	Date:
Application Fee paid: \$	Date:
DRC	Date:
City Council Agenda Item	Date of Meeting:
Staff Comments:	



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