



City of Pearland Planning Department Universal Application

City of Pearland
Community Development
3523 Liberty Drive
(Community Center)
Pearland, Texas 77581
281.652.1765
281.652.1702 (fax)
pearlandtx.gov

Please complete each field - incomplete applications will **not** be accepted. **All applications, including the checklist, must be submitted in electronic format as a PDF and provided by email, USB / CD.** Refer to the schedule on the City's website and/or within the Planning Department for deadlines and anticipated meeting dates for each project type.

TYPE OF APPLICATION:

- Zoning Change (from) _____ (to) _____
- Cluster Development Plan
- Planned Development Workshop
- Plat (list type)*: _____

- ZBA Variance
- P&Z Variance
- Special Exception
- Conditional Use Permit

**Plat Types include:
Minor, Amending,
Preliminary, Final,
Master, Replat*

PROJECT INFORMATION:

- Residential
- Commercial
- Property Platted
- Property Not Platted

Project Name: _____ Tax ID: _____

Project Address/Location: _____

Subdivision: _____ No. of Lots: _____ Total Acres: _____

Brief Description of Project: _____

When a completed application packet has been accepted and reviewed, additional information may be required by staff as a result of the review, therefore it may be necessary to postpone the proposed project and remove it from the scheduled agenda and place it on a future agenda according to Section 1.2.1.2 of the Unified Development Code.

PROPERTY OWNER INFORMATION:

APPLICANT/AGENT INFORMATION:

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Email Address: _____ Email Address: _____

****Property owner must be the current owner of the property at the time of submittal of the application, and not the party that has the property under contract.**

As owner and applicant, I hereby request approval of the above described request as provided for by the Unified Development Code of the City of Pearland.

**Owner's Signature: _____ Date: _____

Agent's/
Applicant's Signature: _____ Date: _____

OFFICE USE ONLY:

FEES PAID:	DATE PAID:	RECEIVED BY:	RECEIPT NUMBER:
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Fees will be accepted by phone or in person. Please contact 281.652.1765 for instructions.

APPLICATION NUMBER: