



CITY OF SWEENY

102 W. Ashley Wilson Rd. • PO Box 248 • P: (979) 548-3321 • E: info@sweenytx.gov

The following will be used to request an item to be placed on the agenda with the Sweeny City Council.

Personal Information:

Name: S Town Legends
Mailing Address: 103 N Main St Sweeny TX 77786
Physical Address: Same
Email(s): Kristenimmer124@yahoo.com
Phone(s): 979 848-7509

Please include specific details of the item you wish to be placed on the agenda.

S Town Legends having a BBQ cookout on March 27, 28. Would like to have the side street block off. Also be able to have alcohol at the park.

Signature: Kristen Immer Date: 2-25-26

Requests must be received by the City Manager, **by close of business on the last business day of the month**, to ensure placement on the following month's agenda. Administration and/or their designee reserves the right to delay the item to the following regularly scheduled meeting if it is determined that more time is needed in order to compile information specific to the request. This updated deadline is pursuant to H.B 1522, enacted and effective as of September 01, 2025.

Regular Session Council meetings are held the third (3rd) Tuesday of each month. Agendas are required to be posted at least three (3) business days before the scheduled date of the meeting.

Once Council has acted on an agenda item, that item cannot be placed on the agenda for a period of six (6) months. Exception is provided if three members of Council ask that the item be returned early to the agenda, or the Mayor or the City Manager determines it is in the interest of the City to do so.



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Rev. 03/2025

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Zoning and/or Variance Application

Please complete each field. Incomplete applications will **not** be accepted.

TYPE OF APPLICATION:

- Zoning Change (from zone) _____ (to zone) _____
- Variance Request to P & Z Exhibit, Section § _____
- Variance Request to Ordinance, Section § _____
- Re-Plat Type: _____

*Plat Types include: Amending, Replats, Combination, Subdivide, Subdivision, Preliminary, Final

**Re-plats/MyLars can only be accepted the 1st thru the 5th business day of each month to comply with HB 3167.

PROJECT INFORMATION:

- Residential Project Name/Owners Name: _____
- Commercial Brazoria County Appraisal District Property ID # _____
- Survey attached? Project Address/Location: _____
- Drawing attached? Subdivision: _____ No. of Lots: _____
- Total Acreage &/or Square Footage: _____

(Any additional supporting information can be submitted and attached with this request.)

Brief Description of Property & Reason for Proposed Request:

Administration and/or their designee reserves the right to delay the item to the following regularly scheduled meeting if it is determined that more time is needed in order to compile information specific to the request.

PROPERTY OWNER'S INFORMATION:

Name: Kristin Summer
 Mailing Address: 105 N Main
 City: Sweeny State: TX Zip: 77480
 Phone: _____
 Email: _____

APPLICANT OR AGENT'S INFORMATION:

Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____
 Email: _____

**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 City of Sweeny.

Zoning Change Requests are charged an advertisement fee per the official newspaper rate plus a \$20.00 administrative fee. Additional fees assessed for additional pages and/or additional administrative duties required. Current advertisement rates start at \$265.00. Any advertisement rate completed that is over the current minimum rate will be invoiced to the requestor. All zone change requests are subject to the discretion of the P&Z Board of Commissions and City Council.

Replats and variances are \$50.00 each. Re-plat and variance requests are not a guaranteed approval. All replats and variance requests are at the discretion of the City Council.

**Owner's Signature: [Signature]

Date: 2-25-26

Agent's/Applicant's Signature: [Signature]

Date: 2-25-26

Fees Paid: \$50.00

General Receipt No. 941085349

Date: 2/25/26

OFFICE USE ONLY:

Date Received: 2/25/26

Amount Collected: \$50.00

City Representative: [Signature]