



Board of Adjustment Variances Request

FILING FEE: \$75.00

ZONING AMENDMENT REQUEST PLANNING AND ZONING COMMISSION

Applicant _____
(Name) (Mailing address)

Description of property _____
(Legal description and map must be attached)

_____ *Lot* _____ *Block* _____ *Street No.*
Street _____ Frontage in feet _____

On _____ Street _____ Depth in feet _____

Applicant's interest in property _____
(Owner, Agent, Lease, Option, Etc.)

Change requested from _____ District to _____ District

Reason for request _____

Proposed use of property _____

Are there deed restrictions which would prevent this property being used in the manner herein proposed?

Yes No

Signature of property owner *Date*

The following is to be completed only if persons other than the owner is making this application.

I, _____, do hereby certify that I am authorized to act for _____, owner of the above named property in making this zoning application.

Signature *Address* *Phone*

State of Texas
County of Fannin

Subscribed and Sworn to before me, this the _____ day of _____, 20_____

Notary Public
My Commission Expires _____