



**ZONING AMENDMENT REQUEST
PLANNING AND ZONING COMMISSION**

FILING FEE: \$75.00

Specific Use

Applicant _____
(Name) (Mailing address)

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

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 _____