

APPLICATION FOR ZONING CHANGE
City of Canton, Texas

INSTRUCTION: Please fill out completely. If more space is needed, use extra sheet. Include a plat of the property.

OWNER: _____ Phone: _____
Mailing Address: _____
Email: _____

AGENT: _____ Phone: _____
Mailing Address: _____
Email: _____

ZONING CHANGE REQUESTED:

From: _____ To: _____
(Current Zoning) (Proposed Zoning)

PROPERTY DESCRIPTION: (Physical address, Lot, Block, Name of Subdivision/Addition. If description is by metes and bounds, please attach on separate sheet; VZCAD Property ID Number)

PRESENT USE OF LAND: (If vacant land, so state)

PROPOSED DEVELOPMENT AND REASONS FOR ZONING CHANGE REQUEST:

FILING FEE: \$250.00 (Make check payable to the City of Canton)

Mail or bring application to the City of Canton, 201 N. Buffalo, Canton, TX 75103. Please include a plat of the property.

Date: _____ Signature of Owner: _____

Date: _____ Signature of Owner: _____

IF APPLICABLE: I hereby certify: (1) that I am the owner of the above-named property; and (2) I have the legal authority to seek a zoning change regarding the above-described real property.

NOTE: IF YOU ARE NOT THE SOLE OWNER, PLEASE CONTACT CITY STAFF FOR ADDITIONAL NEEDED INFORMATION.

As Owner, I hereby give _____
permission to seek the zoning change stated herein and to represent me at meetings with the City Staff, Planning & Zoning Commission and/or City Council.

I hereby certify that the above statements are true and correct to the best of my knowledge.

Owner's Signature

Printed Name of Owner

STATE OF TEXAS

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20____.

(Seal)

Notary Public
My Commission Expires:
