APPLICATION FOR ZONING / ORDINANCE VARIANCE
City of Canton, Texas

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

APPLICANT: _____ Phone: _____
Mailing Address: _____

AGENT / ATTORNEY: _____ Phone: _____
Mailing Address: _____

ZONING / ORDINANCE VARIANCE REQUESTED:
Front Setback: From: _____ To: _____
Back Setback: From: _____ To: _____
Side Setback: From: _____ To: _____
Other: _____

PROPERTY DESCRIPTION: (Physical address, Lot, Block, Name of Subdivision/Addition)

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

PROPOSED DEVELOPMENT AND REASONS FOR VARIANCE / ORDINANCE REQUEST:

STATUS OF APPLICANT: (If other than owner, attach written authority from owner)
Owner: _____
Trustee: _____ (List names of individuals for whom property is held in trust.)

Corporation: _____ (List name and title of officers and board of directors)

Other: _____

If application is made by someone other than the above, please indicate relationship between applicant and owner, if any, or the capacity in which the applicant is submitting the application (e.g., prospective purchaser, tenant, relative, etc.)

FILING FEE: $150.00 (Make check payable to the City of Canton)

Mail or bring application to the City Office Complex, City of Canton, P. O. Box 245, 24980 Hwy 64 East, Suite 1, Canton, TX 75103. **Please include a plat of the property.**

Date: _____ Signature of Applicant: _____