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.

APPLICANT: _____ Phone: _____
Mailing Address: _____

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

ZONING CHANGE REQUESTED:
From: _____ To: _____

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

_____

_____

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

_____

PROPOSED DEVELOPMENT AND REASONS FOR ZONING CHANGE 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: $200.00 (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: _____