

**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, 201 N. Buffalo, Canton, TX 75103.  
**Please include a plat of the property.**

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_