



ZONING AMENDMENT APPLICATION

CITY OF STEPHENVILLE

1. APPLICANT/OWNER: _____
First Name Last Name

ADDRESS: _____
Street/P.O. Box Phone No

City State Zip Code

2. PROPERTY DESCRIPTION: _____
Street Address

3. LEGAL DESCRIPTION: _____
Lot(s) Block(s) Addition

4. PRESENT ZONING: _____
Zoning District Title

PROPOSED ZONING: _____
Zoning District Title

5. APPLICANTS REQUEST FOR ZONING CHANGE IS AS FOLLOWS: _____

(Attach an additional sheet if necessary).

Signature of Applicant

Date

Signature of City Official Received

Date Received by
Planning & Insp. Dept.