



NO. _____

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