



City of Stephenville
298 W. Washington
Stephenville, TX 76401
(254) 918-1225

NO. _____

ZONING AMENDMENT APPLICATION

CITY OF STEPHENVILLE

***PLEASE NOTE THAT ONLY THE
OWNER OF RECORD OR THEIR
REPRESENTATIVE WITH A LETTER
OF CONSENT MAY REQUEST A
REZONE***

1. **APPLICANT/OWNER:** _____
First Name Last Name

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

_____ City State Zip Code

_____ Email Address

2. **PROPERTY DESCRIPTION:** _____
Street Address

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

4. **PRESENT ZONING:** _____
Title of Zoning District

PROPOSED ZONING: _____
Title of Zoning District

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