



**Zoning Change, Special Use Permit, Variance Application**

Case No.: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Zoning Change       Special Use Permit       Variance

Project Location \_\_\_\_\_

Owner \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Request: example: rezone Lot x from Single Family to Multi Family.**

\_\_\_\_\_  
\_\_\_\_\_

**If you are requesting a variance explain your hardship (Per state law a variance request for a financial reason does not constitute a hardship.)**

\_\_\_\_\_  
\_\_\_\_\_

I understand that it is necessary for me or my authorized agent to be present at the City of Sulphur Springs Planning and Zoning Commission Public Hearing.

Signature of Owner: \_\_\_\_\_

Signature of Owner's Agent \_\_\_\_\_

***THE OWNER MUST APPLY FOR A ZONING, SPECIAL USE PERMIT OR VARIANCE REQUEST. PROOF OF OWNERSHIP IS REQUIRED. SIGNATURE OF THE OWNER AND/OR OWNER'S AGENT IS REQUIRED.***

Staff Use Only

Does this project follow the Land Use Plan

Yes  No

Are adjacent properties zoned the same as the requested

Yes  No

Is there a precedent on a similar request

Yes  No

Does it fall within the zoning regulations

Yes  No