CITY OF ALVARADO

APPLICATION FOR ZONING CHANGES

DATE:	CLERK:	FEE:	_CASE NO:
NAME OF APPLICANT:			_ PH: <u>(</u>)
MAILING ADDRESS:			
APPLICANT IS THE:	OWNER / LEASER /	PURCHASER	OF THE PROPERTY.
NAME OF OWNER:	circle one		PH: <u>(</u>)
MAILING ADDRESS:			
STREET ADDRESS OF PR	OPERTY:		ACREAGE:
LEGAL DESCRIPTION:			
REQUESTED ZONE:		_ PROPOSED USE	:
REASON FOR CHANGE:			
USAGE OF ADJACENT PI			
	EAST	?:	
	WEST	·	
legal description. You subject property clearl and bounds description tracts and/or rights-of-	must also attach a copy of the y indicated on it. If property is n of the property and indicate the way or attach a surveyor's plate.	appropriate portion of the not part of a subdivision e location of said propert of the property.	nat with the lot and block numbers as the subdivision or addition plat with the or addition plat, give the complete metery by identifying one or more adjacent
APPLICANT'S SIGNATUR	Œ:		
The undersigned hereby, on oath,	states that he or she is the recor	rd owner of the property t	for which this application is made.
OWNER:			
SWORN TO AND SUBSCI person whose signature appe		day of	,, by the
<seal></seal>		Notary Public in and for My Commission expir	