CITY OF STEPHENVILLE

REQUEST FOR ZONING CLASSIFICATION INFORMATION

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

2. PROPERTY ADDRESS: _____

3. OWNER OF RECORD: _____

4. Applicant's Name: _____

Company Name: _____

Address: _____

_____

_____ _____

Applicant's Signature Date

For Office Use Only

Current Zoning Classification: _____

Verified By: ( ) Comprehensive Zoning Map

( ) As Indicated By Applicant On Current Zoning Map

( ) Copy of Minute Action Attached

Response Date: _____

Staff Signature: _____

City of Stephenville
298 W. Washington
Stephenville, TX 76401

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Fax: 254-918-1207