

Zoning Variance Amendment Application

City of Stratford

518 N. 3rd St.

P.O. Box 188 Stratford, TX 79084

806-366-5581

Applicant Information - As authorized by the property owner(s)

Name _____ Property Owner? _____

(If not the property owner then attach a separate sheet of paper with a listing of all property owners.)

Mailing Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Alternate Phone Number _____

Address of general location of the proposed site for variance. (Staff will assist with providing maps.)

I hereby submit this request for the below variance/amendment.

Signature

Date

Zone Variance Information *(If Applicable)*

Please list the variance that you are requesting. (Use additional sheets of paper if necessary to provide explanations and/or drawings.)

Zone Classification Information

Present Zone Classification

_____ A - Single Family

_____ B - Multi-Family & Professional

_____ C - Retail & Commercial Industrial

_____ D - Manufacturing District

Proposed Zone Classification *(If Applicable)*

_____ A - Single Family

_____ B - Multi-Family & Professional

_____ C - Retail & Commercial Industrial

_____ D - Manufacturing District

Public Hearing

Public hearings are required for this request. City staff will complete all the requirements of the public hearing notice process

Please provide any additional information pertinent to the Zoning Board's and City's decision for this request. All additional information should be filled out on a separate sheet of paper and attached to this application.

Signatures of **PROPERTY OWNERS** within **200 FT.** of applicant address. Please ask applicant for details on their project/building permit.

Upon review of project/building permit details we:

APPROVE

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

DENY

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

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Name: _____

Address: _____

Signatures of **PROPERTY OWNERS** within **200 FT.** of applicant address. Please ask applicant for details on their project/building permit.

Upon review of project/building permit details we:

APPROVE

DENY

Name: _____

Name: _____

Address: _____

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