

**APPLICATION TO APPEAL
THE
ZONING BOARD OF ADJUSTMENTS
CITY OF DENISON, TEXAS
903-465-2720, Ext. 466**

FOR OFFICE USE ONLY

CASE NUMBER _____
DATE RECEIVED _____
HEARING DATE _____

APPLICANT: _____
NAME PHONE NUMBER

_____ MAILING ADDRESS INTEREST IN PROPERTY TO BE REZONED

If the record owner is not the applicant, a notarized affidavit from the record owner authorizing the applicant(s) to request a variance to the zoning ordinance and represent the record owner must accompany this application.

PROPERTY IN QUESTION: _____
STREET ADDRESS

_____ LEGAL DESCRIPTION (ATTACH METES AND BOUNDS)

_____ SOURCE OF LEGAL DESCRIPTION

_____ FRONTAGE OF LOT(S) IN FEET DEPTH IN FEET

_____ PRESENT USE OF PROPERTY

_____ PROPOSED USE OR PROPOSED CHANGES OR ADDITIONS TO EXISTING USE

REQUESTED ACTION: _____

_____ STATE REQUEST: INCLUDE RESPECTIVE SECTION FROM ZONING ORDINANCE

I hereby certify that this application contains no willful falsification or misrepresentation, and that the information given is complete, correct and true to the best of my knowledge and belief. Furthermore, I understand that should investigation at any time disclose any such misrepresentation or falsification, I forfeit all changes and/ or amendments granted by consideration of this application.

_____ SIGNATURE DATE