

City of Canadian

6 Main St. - Canadian, TX 79014 - (806)323-6473 - FAX (806)323-5398

APPLICATION FOR AMENDMENT FOR ZONING RESTRICTIONS PLANNED DEVELOPMENT

Name of applicant: _____

Present street address of property: _____

Legal description of property by Block and Lot(s):

Size of Lot(s) by metes and bounds: _____

Present Zoning District/Classification: _____

Proposed uses of property located within the Planned Development. Please be specific. The applicant will be limited to the uses listed and/or the approved by the City Council:

Additional information concerning application which applicant wishes the City Council to consider:

I agree to pay the fee of FIFTY DOLLARS (\$50), and certify that the above information is true and correct.

Respectfully submitted this the ____ day of _____, _____.

Applicant: _____ Phone: _____

(Office use only)

Fee paid: _____

Received by: _____

Date: _____

Dates Hearing Advised: _____

Date Hearing Held: _____

Decision by City Council:

