



**City of Bonham Community Development**  
514 Chestnut St.  
Bonham, Texas 75418  
OFFICE: (903) 583-7555 FAX: (903)583-5761

## Application for Zoning Change/ Specific Use Permit

Please check to indicate type of request       Zoning Change       Specific Use Permit

*\*NOTE: Failure to obtain final approval on this case within 6 months may constitute denial or withdrawal of this case by Council or Staff without refund of fees*

*Fees required for this application must be submitted simultaneously with this application for acceptance.*

### Request Information

Location: \_\_\_\_\_

\*Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_ Size of Request: \_\_\_\_\_

Existing Zoning: \_\_\_\_\_ Requested Zoning/ Use: \_\_\_\_\_

*Meets and Bounds description must be attached if the request is for: (A) a portion of a platted lot or (B) not a platted lot.*

### Applicant/ Owner Information

Key Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact's Status:

1.  Owner
2.  Representative
3.  Tenant
4.  Prospective Buyer



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**The owner's signature is required on this application and must be notarized whether there is a single owner or ownership is by a corporation. This is to certify that I/We the undersigned, am/are the sole owner(s) of the property described above on the date of this application. I/We have read and understand the Disclosure of Interest Form attached to this application.**

Owner (printed name) \_\_\_\_\_ Signature \_\_\_\_\_

Address: \_\_\_\_\_ Ph. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner (printed name) \_\_\_\_\_ Signature \_\_\_\_\_

Address: \_\_\_\_\_ Ph. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Notary Statement (All Signatures must be notarized)

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_  
(Owner or Agent Name)

known to me to be the person whose name is subscribed to the above and foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration expressed and in the capacity therein stated.

Given under my hand and seal of office

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. SEAL

\_\_\_\_\_  
Notary Public in and for the State of Texas. My Commission expires: \_\_\_\_\_

For Office Use Only

Case No: \_\_\_\_\_ Fee: \_\_\_\_\_ Date: \_\_\_\_\_