

201 Bolivar Street/PO Box 1729 * Sanger, TX 76266 940-458-2059(office) 940-458-4072(fax) www.sangertexas.org

ZONING CHANGE/SUP APPLICATION

Zoning Change	Specific Use Permit
Applicant	Owner (if different from applicant)
Name: John Springer	Name:
Company Properties LLC	Company:
Address: P. O. Box 248	Address:
City, State, Zip	City, State, Zip
Phone: 940 458-7758	Phone:
Fax:	Fax:
Email: Springer properties & carthlinkind	Email:
Submittal Checklist	
Site Plan (for Specific Use Perm	nits Only)
Letter of Intent	
Application Fee (Check Payable	e to City of Sanger)
I certify that I am the legal owner of the above referenced property and that to the best of my knowledge this is a true description of the property upon which I have requested the above checked action. I designate the applicant listed as my representative.	
Describe the subject property (address, location, size, etc.):	
1106 N. Stemmons Sanger, IX. 1.44 ac,	
Describe the proposed zoning change or Specific Use Permit (SUP):	
Owner Signature Date 2-10-25 Date Date	