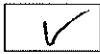


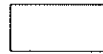


201 Bolivar Street/PO Box 1729 \* Sanger, TX 76266  
940-458-2059 (office) www.sangertexas.org

## ZONING CHANGE/SUP APPLICATION



Zoning Change



Specific Use Permit

Applicant	Owner (if different from applicant)
Name: <u>Michael Morris</u>	Name: <u>Sanger</u>
Company: <u>MTM Properties</u>	Company: <u></u>
Address: <u>2000 Lodgestone dr</u>	Address: <u></u>
City, State, Zip: <u>Corinth, TX, 76210</u>	City, State, Zip: <u></u>
Phone: <u>940-465-8387</u>	Phone: <u></u>
Fax: <u></u>	Fax: <u></u>
Email: <u>Mike_morris10@yahoo.com</u>	Email: <u></u>

### Submittal Checklist

<input checked="" type="checkbox"/>	Site Plan (for Specific Use Permits Only)
<input checked="" type="checkbox"/>	Letter of Intent
<input checked="" type="checkbox"/>	Application Fee (Check Payable 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.):

503 S 2nd St 26,279 sqft lot with a  
1490 sqft home on the south east corner.

Describe the proposed zoning change or Specific Use Permit (SUP):

requesting re-zone from D-1 to SF-10

Rachel Thomas  
Owner Signature

12-14-2022  
Date

Rachel Thomas  
Applicant Signature

12-14-2022  
Date

Office Use

Fee
Date