SANGER ★TEXAS

ZONING CHANGE/SUP APPLICATION

☑ Zoning Change ☐ Specific Use Permit

Applicant	Owner (if different from applicant)
Name: James and Pamela Holt	Name:
Company: Water Oak LLC	Company:
Address: 600 East Southlake Blvd Ste 100	Address:
City, State, Zip Southlake TX 76092	City, State, Zip
Phone: 817 488-2273	Phone:
Fax: 817 488-1953	Fax:
Email: pamkholt@hotmail.com	Email:

Submittal Checklist

	Site Plan (for Specific Use Permits Only)
	One (1) PDF Copy of Site Plan
	Survey with Metes and Bounds Description
	Letter of Intent
	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.):
901, 903, 905 South 5th Street, Sanger, TX. approximately 12.5 acres

Describe the proposed zoning change or Specific Use Permit (SUP):
We will be changing from Ag1 to B2 and MF2.

Owner Signature — Date: May 15, 22

Applicant Signature — Date: May 15, 22

Office Use

	Fee
	Date

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

CONTRACTOR REGISTRATION

Date: May 17-22

Contractor First/Last Name: Pamela and James Holt Phone Number: 817 307 1780

Contractor Email: pamkholt@hotmail.com

Contractor Address: 600 E. Southlake Blvd #100

City State Zip: Southlake, Texas 76092

Business: Water Oak LLC Phone Number: _____

Business Address: Same as above

City, State, Zip: _____

Type of License: _____ Number: _____ Expires: _____

Type of License: _____ Number: _____ Expires: _____

☐ Copy of Contractor License
☐ Copy of Certificate of Insurance

Pamela Holt
Signature of Applicant

May 17, 22
Date

12/17 SMD

CONTRACTOR REGISTRATION

Type of Business: _____ Number _____ Exp. _____

City, State, Zip: _____

Type of Business: _____ Number _____ Exp. _____

☐ Copy of Contractor's License

☐ Copy of Certificate of Insurance

Signature of Applicant _____ Date _____