



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

ZONING CHANGE/SUP APPLICATION

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Zoning Change

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Specific Use Permit

Applicant	Owner (if different from applicant)
Name:	Name: <i>Thomas Muir</i>
Company:	Company:
Address:	Address: <i>421 E. Hickory St., Suite 103</i>
City, State, Zip	City, State, Zip: <i>Denton, TX 76201</i>
Phone:	Phone: <i>940-390-1002</i>
Fax:	Fax:
Email:	Email: <i>thomas@cultivarcapital.com</i>

Submittal Checklist

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

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

Owner Signature

Thomas E. Muir

2/14/2023
Date

Applicant Signature

Date

Office Use

	Fee
	Date