

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:<br>ERICBARRETT  |   | Name: WALTER FAMILY TRUST           |
|   |   | COMPANY: STAG COMMERCIA LLO         |
|   |   | Address:                            |
| 2116 Dr. SANDERS RD.  |   | 1720 WESTMINSTER                    |
| City, State, Zip PROVIDENCE VILLAGE TX, 76277   |   | City, State, Zip  DENTON  7620S     |
| Phone: 323-252 1415   |   | Phone: 40.400.7824                  |
| Fax:  |   | Fax:                                |
| Email: OATHBOUNDTATTOOGGMALL. COM   |   | Email: Nelp@Staapm.com              |
| Submittal Checklist   |   |                                     |
|   | Site Plan (for Specific Use Permits 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.):  Single lavel building with 1920 St. Located @ 103 S stemmons Fry  Single lavel building with 1920 St. Located @ 103 S stemmons Fry  Single lavel building   |   |                                     |
| Describe the proposed zoning change or Specific Use Permit (SUP):   |   |                                     |
|   |   | 9/16/25                             |
| Owner Signature   |   | ' Date                              |
| Applicant Signature   |   | Date                                |
| Office Use  |   |                                     |
| Fee   |   |                                     |
| Date  |   |                                     |
|   | City of                                   | onnae                               |