

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: SAMES D VANdever	Name:
Company:	Company:
Address: //81 Union Hilled	Address:
City, State, Zip	City, State, Zip
Phone: 940-458-3089	Phone:
Fax: N/A	Fax:
Email: JOYTrucking @ EMBARQMAIL. COM	Email:
/ Submittal Checklist	
Site Plan (for Specific Use Permits Only)	
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.): Tract 538 (HS) / Property ID 701517 T. Morton	
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Describe the proposed zoning change or Specific Use Permit (SUP): LI (Light Industrial)	
Owner Signature	09-17-2025 Date 09-17-2025
	20 12 2015
Applicant Signature	