APPLICATION

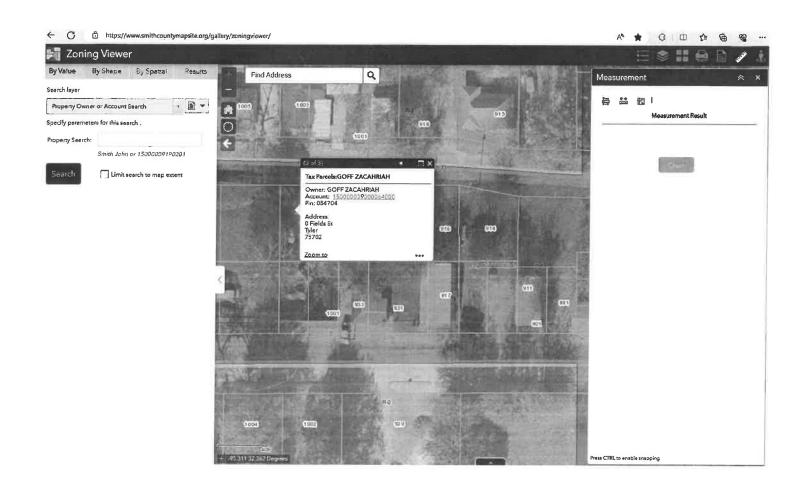
A. B.	Requesting: (One Check per Application) General Zoning Change Special Use Permit (SUP) * Include fully dimensioned site plan SUP Renewal On-Site Zoning Inspection Description & Location of Property:		
	1. Lot, Block and Addition (required): <u>64,65,66 of 393</u>		
	2. Property Address of Location (required): 1004 West Fields Tyler		
	PRESENT ZONING	PROPOSED ZONING	
	CLASSIFICATION C	CLASSIFICATION	
	OVERLAY (IF APPLICABLE)	OVERLAY (IF APPLICABLE)	
	AREA (ACREAGE)	AREA (ACREAGE)	
		DWELLING UNITS/ ACRE (if applicable)	
C.	Reason(s) for Request (please be specific): Bringing the Property with cordinace With UDC		
	Statement Regarding Restrictive Covenants/Deed Restrictions I have searched all applicable records and, to my best knowledge and belief, there are no restrictive covenants that apply to the property as described in Part I(B) which would be in conflict with this rezoning request.		
	None	Copy Attached	

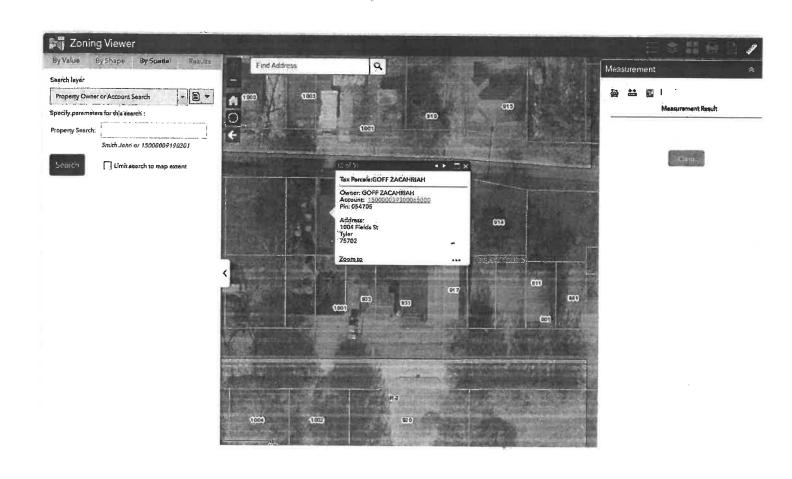
AUTHORIZATION OF AGENT

A. I (we), the undersigned, being owner(s) of the real property described above, do hereby authorize (please print name) to act as our agent in the matter of this request. The term agent shall be construed to mean any lessee, developer, option holder, or authorized individual who is legally authorized to act in behalf of the owner(s) of said property. (Application must be signed by all owners of the subject property).			
(Please print all but signature)			
Owner(s) Name: Zacahriah Goff	Owner(s) Name:		
Address: POBOX 5896	Address:		
City, State, Zip: FUSCOTX 75035	City, State, Zip:		
Phone: 2142899963	Phone:		
Signature:	Signature:		
Email: Occounts & afo-holdings,	Email:		
com			
Authorized Agent's Name: Theresa Denton	Signature:		
Address: PO BO1586 GRUS COTY	City, State, Zip:		
Phone: 214 289 9963	Email:		

SUPPORTING INFORMATION

A. PLEASE PROVIDE A MAP OF THE LOCATION TO BE REZONED





~ Eulo

Interl