



Town of Argyle Zoning Change Application

PLEASE PRINT		
Date of Application:		
Property Location:		
Lot:	Block:	Subdivision:
Current Zoning:		Requested Zoning:
A metes and bounds description must be attached if the request is for a portion of a platted lot or the property is not platted		
Property Owner information		
Name:		Owner Signature:
Address:		Work Phone:
City/State/Zip:		Phone:
Fax:		Email:
Contact Name:		Contact Number:
Applicant / Developer Information		
Name:		Applicant Signature:
Address:		Work Phone:
City/State/Zip:		Phone:
Fax:		Email:
Contact Name:		Contact Number:
Engineer Information		
Name:		Engineer Signature:
Address:		Work Phone:
City/State/Zip:		Phone:
Fax:		Email:
Contact Name:		Contact Number:
Surveyor Information		
Name:		Surveyor Signature:
Address:		Work Phone:
City/State/Zip:		Phone:
Fax:		Email:
Contact Name:		Contact Number:
FOR OFFICE USE ONLY		
Date Received:		Application Fee:
# of Signs:	P&Z Date:	Town Council Date:
Employee:		Application Filed:
Cash / Check # / CC:		