## CITY OF MANSFIELD VARIANCE / ZONING REQUEST

	DATE:	
Case No:	(Assigned by City)	
Name of Applicant:		
Address of Property:		
Tax Parcel:		
Request:		
		All Languages
Purpose of Request:		
		-
		<u>-</u>
Size of Property:	ı	
Present Zoning:		
_		
Potential Effects on Town:		