

Planning Department

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ZONING VARIANCE REQUEST APPLICATION

PROPERTY LOCATION:			
Street Address:			
Legal Description: Lot	_Block	Su	bdivision
PROPERTY OWNER INFORMATION:			
Name:			nail:
			Phone:
City:	State:	Zıp:	Fax:
APPLICANT INFORMATION: Is the Applicant the Property Owner? YES NO			
Name:			nail:
			Phone:
			Fax:
	<u> </u>	<u> </u>	
CONTACT INFORMATION: Is the Contact Person the Applicant? YES NO			
	Email:		
			Phone:
			Fax:
-		<u> </u>	
VARIANCE REQUEST (Brief Description):			
	-		
REQUIRED INFORMATION CHECKLIST:			
Site Plan	(showing dimensions to existing and proposed features, locations of specific activities, proposed and existing signage, parking, ingress and egress points, traffic circulation, utilities, drainage features, and property lines)		
Explanation of Hardship	(See Municipal Code for review criteria)		
☐ Statement of Authority	(If applicable. Required for representatives of entities and property owners.)		
☐ Property Survey			
Agreement for Services Form			
Application Deposit	(See Fee and Deposit schedule for amount)		
Additional Information	(If applicable. Staff may require other helpful information for review.)		
AFFIDAVIT: BY MY SIGNATURE, I attest that the information contained or attached to this application is true and correct to the best of my knowledge. I further understand that submission of false or misleading information shall be sufficient cause for the Special Use Permit to be revoked immediately without notice or hearing. Print Name:			
Signature :	Date:		
Application Received By: Date & Time:			
File Name: Deposit: \[\sum \text{YES} \[\sum \text{NO} \] Amount: \\$			
Agreement for Services Form Signed? YES NO			