



Development Services
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APPLICATION DATE: _____

APPLICATION FOR VARIANCE Municipal Code of Ordinances

NAME OF APPLICANT: _____

MAILING ADDRESS: _____

PHONE NO.: _____ EMAIL: _____

STATUS OF APPLICANT: OWNER: _____ AGENT: _____

(IF AGENT, ATTACH LETTER OF AUTHORIZATION FROM PROPERTY OWNER)

PROPERTY DESCRIPTION

PHYSICAL ADDRESS: _____

LEGAL DESCRIPTION: _____

CURRENT ZONING: _____ EXISTING USE: _____

ACRES/SQ. FT.: _____ DOES OWNER OWN ADJACENT PROPERTIES? Yes No

CODE SECTION SEEKING VARIANCE / RELIEF FROM:

TYPE OF VARIANCE REQUESTED (EXPLAIN IN DETAIL):

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE INFORMATION I HAVE PROVIDED TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS APPLICATION WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A VARIANCE OR SPECIAL EXCEPTION DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING THE USE OF PROPERTY.

APPLICANT'S SIGNATURE _____

DATE _____

OFFICE USE ONLY: