



**CITY OF NEW FAIRVIEW
VARIANCE REQUEST APPLICATION**

**999 Illinois Lane
New Fairview, TX 76078**

Phone: 817-638-5366

Fax: 817-638-5369

Date: _____

Please note that all applications must be accompanied by all supporting documentation and fees before acceptance as a submittal.

Variance Requester Information

Name of Individual/Group requesting the Variance:

Requester's address:

Requester's City, State & zip Code:

Requester's Phone Number: _____

Email: _____

Fax Number: _____

Property Description: Subdivision Name or Survey and Tract Numbers or Street Address:

Lot Number: _____ **Block number:** _____

Number of Lots/Tracts _____

Number of Acres _____

Variance Request:

Requested Variance:

Reason for Variance request:

PROPERTY OWNER INFORMATION
(for multiple owners – please submit information on each owner)

Name _____

Address _____

Telephone No. _____ Fax No. _____

If the property owner(s) is (are) represented by an authorized agent, please complete the following:

Agent's Name _____

Agent's Title _____

Agent's Address _____

Agent's Telephone No. _____

Fax No. _____

OWNER CERTIFICATION

This is to certify that

(when owner(s) is/are an individual(s))

The undersigned is/are the sole owner(s) of the property described above on the date of this application.

Owner Signature _____ Owner Signature _____

This is to certify that

(Owner(s) or Corporation name)

Acting by and through the undersigned, its duly authorized agent is/are the sole owner(s) of the property described above on the date of this application.

Agent Signature _____

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**For Office Use Only:**

Date when the application was received \_\_\_\_\_.

Fee Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Check/Cash: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Was the application complete? \_\_\_\_\_. If no, was applicant informed that the application would not be accepted? \_\_\_\_\_.

List items missing and whether applicant will resubmit

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accepted by: \_\_\_\_\_

Date: \_\_\_\_\_