



P.O. Drawer 400 2665 San Angelo
Ingleside, TX 78362
Phone: 361-776-2517 Fax: 361-776-1027

REQUEST FOR VARIANCE

Permit #: _____

INSTRUCTIONS:

- (1) Please type or print clearly in black ink.
- (2) File with Building Department at City Hall, Ingleside, Texas.
- (3) Request must be accompanied by required filing fee.
- (4) Attach extra sheets of plain paper, if necessary.

TO THE ZONING BOARD OF ADJUSTMENTS, CITY OF INGLESIDE, TEXAS

In accordance with Article 10, Planning and Zoning Section 10.05, Board of Adjustments of the City Charter and Article 1011g, Vernon's Annotated Texas Civil Statutes, the undersigns submits this request for a variance on the property herein described:

Name: _____ Street Address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone No.: _____ Cell Phone No.: _____

Subject Property Description: **(A copy of Proof of Ownership Must Accompany Request)**

Lot Number (s): _____ Blk: _____ Subdivision: _____

Lot Size: _____ Feet X _____ Feet Frontage Street Location: _____

Present Zoning Classification: _____

Reason for Requesting Variance (be specific)

I CERTIFY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT. I ALSO CERTIFY THAT I UNDERSTAND THAT ATTENDANCE IS MANDATORY, EITHER BY MYSELF OR A REPRESENTATIVE, AT ALL HEARINGS, BOTH PLANNING AND ZONING AND THE CITY COUNCIL, FOR THIS REQUEST TO BE CONSIDERED. I ALSO UNDERSTAND THAT FAILURE TO ATTEND WILL RESULT IN TERMINATION OF PROCESS AND RE-APPLICATION WILL BE REQUIRED.

Date of Board of Adjustment Meeting: _____ Time: _____

Signature of Applicant: _____ Date: _____ Signature of Owner: _____ Date: _____

REQUEST FOR VARIANCE: GRANTED: _____ DENIED: _____

OFFICE USE ONLY		
APPROVED: _____	DATE: _____	REVIEWED BY: _____