



PO Drawer 400 • 2665 San Angelo • Ingleside, TX 78362  
Phone: 361-776-3815 - [building@inglesidetx.gov](mailto:building@inglesidetx.gov)

## APPLICATION FOR APPEAL

TO THE 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; Chapter 2. Sec. 2-81, of Code of Ordinances; and Article 1011g, Vernon’s Annotated Texas Civil Statutes, the undersigned submits this request for an appeal of an order requirement, decision or determination made by an administrative official, on the property herein described:

**(Proof of Ownership Must Accompany this Request)**

Property Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Property Description:

Lot: \_\_\_\_\_ Blk: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Lot Size: \_\_\_\_\_ Ft X \_\_\_\_\_ Ft Street name facing location: \_\_\_\_\_

Current Zoning Classification: \_\_\_\_\_

*Reason for Requesting Appeal (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. 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 Owner: \_\_\_\_\_ Date: \_\_\_\_\_

REQUEST FOR APPEAL: GRANTED: \_\_\_\_\_ DENIED: \_\_\_\_\_