



Variance Request Application

FILING FEE: \$100

Applicant _____
(Name) (Mailing address)

Legal Description of Property _____
(Attach Map)

Property ID _____ Common Address of Property _____

Property Frontage Width in Feet _____ Property Depth in Feet _____ Currently Zoned As _____

Applicant's interest in property _____
(Owner, Agent, Lease, Option, Etc.)

Change requested _____

Reason for request _____

Proposed use of property _____

Are there deed restrictions which would prevent this property being used in the manner herein proposed?

Yes No

What special circumstances or conditions affect the subject property such that strict application of the provisions of the Zoning Ordinance would create an unnecessary hardship or inequity upon the applicant or would deprive the applicant of the reasonable and beneficial use of the property? _____

Do the circumstances or conditions causing the hardship similarly affect all or most of the properties in the vicinity of the subject property? _____

What substantial property right would not be preserved or enjoyed if the provisions of the Zoning Ordinance were literally enforced? _____

What effect, if any, would the variance have on the rights of owners or occupants of surrounding property, or on the public health, safety or general welfare? _____

What effect, if any, would the variance have on the orderly subdivision of other land in the area in accordance with the provisions of the Zoning Ordinance? _____

Is the hardship or inequity suffered by the applicant caused wholly or in substantial part by the property owner or applicant? _____

To what extent is the request for variance based upon a desire of the owner, occupant or applicant for increase financial gain from the property, or to reduce an existing financial hardship? _____

Is the degree of variance requested the minimum amount necessary to meet the needs of the applicant or property owner? _____

Signature of Property Owner

Date

The following is to be completed only if persons other than the owner is making this application.

I, _____, do hereby certify that I am authorized to act for _____, owner of the above named property in making this zoning application.

Signature

Address

Phone

State of Texas

County of Fannin

Subscribed and Sworn to before me, this the _____ day of _____, 20_____

(Seal)

Notary Public

Commission Expires _____

FOR OFFICE USE ONLY

APPROVED

DENIED

DATE: _____ **20** _____

Signature