Application for Variance
Ch. 14 – Zoning Ordinance

30360 Cougar Bend, Bulverde, TX 78163
Telephone: 830-438-3612 - Fax. 830-438-4339
www.ci.bulverde.tx.us

Date: _____ **Case No.** _____

Applicant Information:

_____

Name Phone Fax

_____

Address Email

Property Owner Information:

_____

Name Phone Fax

_____

Address Email

*** If property owner is not the applicant, a letter of authorization from the owner is required with application submittal (See page 3 of this application).*

Property Identification:

Street Address: _____

Legal Description: _____

Zoning District Classification: _____

Description of Request:

1. Variance to Section _____ of the City of Bulverde Code of Ordinances, which requires: _____
2. Variance to Section _____ of the City of Bulverde Code of Ordinances, which requires: _____
3. Variance to Section _____ of the City of Bulverde Code of Ordinances, which requires: _____
4. Variance to Section _____ of the City of Bulverde Code of Ordinances, which requires: _____
5. Variance to Section _____ of the City of Bulverde Code of Ordinances, which requires: _____

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Zoning and Plat Variance Review Fee - $750.00 (per Section/Provision of the Code)

The undersigned agrees to pay the **non refundable** application fee and any other applicable fees as outlined in the Planning and Development Fee Schedule and agrees to pay fees for any additional review requiring consultation with City Consultants, including involvement of a contract engineer in a predevelopment conference. To the extent possible, City Staff will provide the Owner/Applicant with an estimate of fees should outside consultation be required. The undersigned also acknowledges the City Staff may require additional appropriate information be submitted to aid in the review.

PROPERTY OWNER'S ACKNOWLEDGEMENT

_____ _____
Signature of Property Owner **Date**

_____ _____
Signature of Property Owner **Date**

(Add additional pages if additional signatures are necessary)

STATE OF TEXAS
COUNTY OF _____

Sworn to and subscribed before me on the _____day of _____, 20_____,

by _____ (name of property owner).

_____
Notary Public's Signature

(Notarial Seal)

LETTER APPOINTING OWNER'S REPRESENTATIVE

Planning & Development Department
30360 Cougar Bend, Bulverde, TX 78163
Telephone: 830-438-3612 - Fax. 830-438-4339
www.bulverdetx.gov

***This form is only required for property owners allowing another person or entity to submit and amend documentation required by the City on the property owner's behalf.*

I, _____, owner of the property, described in this application, authorize _____ (name) to represent me/us in the application process.

The Additional Applicant's information is:

Company: _____

Contact Name: _____

Address: _____

_____

_____ _____

Signature of Owner/Applicant **Date**

STATE OF TEXAS
COUNTY OF _____

Sworn to and subscribed before me on the _____ day of _____, 20___,

by _____ (name of property owner).

_____

Notary Public's Signature

(Notarial Seal)

VARIANCE CRITERIA EXPLANATION FORM

Ch. 14 – ZONING ORDINANCE

(This Form is required with submittal of a Variance Application. If more than one variance is requested in an application, a separate Variance Criteria Explanation Form shall be required for each Variance. Please include additional pages as necessary.)

1) Describe the special conditions affecting the land involved, such that literal enforcement of the regulation would result in the unnecessary hardship.

_____
_____
_____
_____
_____
_____

2) Describe the unnecessary hardship that would result due to a literal enforcement of the regulation.

_____
_____
_____
_____
_____
_____

3) Describe how granting the variance will not be contrary to the public interest.

_____
_____
_____
_____
_____
_____

4) Describe how granting the variance will be in the spirit of the regulation.

_____
_____
_____
_____
_____
_____

***Note for the Board / Commission:**
The following responses were provided by the applicant and may not be consistent with the Department staff report.