



Application for Variance Ch. 10A – Subdivision 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. 10A – SUBDIVISION 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 circumstances or conditions affecting the land involved such that strict application of the provisions of this ordinance would deprive the reasonable use of the land.

- 2) Describe how the variance is necessary for the preservation and enjoyment of a substantial property right of the applicant.

- 3) Describe how granting the variance will not be detrimental to the public health, safety or welfare, or injurious to other property in the area.

- 4) What effect, if any, would the variance have on the orderly subdivision of other land in the area in accordance with the City of Bulverde Code of Ordinances?

***Note for the Board / Commission:**

The following responses were provided by the applicant and may not be consistent with the Department staff report.