



Application for Appeal of Determination 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: _____

Appeal Requirements:

An appeal must allege an error in an order, requirement, decision, or determination made by an administrative official in the enforcement of the city's zoning regulations in accordance with chapter 211 of the Texas Local Government Code. Please use the attached Appeal Narrative Form to identify the alleged error and detail the grounds of your appeal.



**Application for Appeal of Determination
Ch. 14 – Zoning Ordinance**

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Appeal of Zoning Code Determination- \$500.00 (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.

PROPERTY OWNER’S ACKNOWLEDGEMENT

By signing below the applicant states, under penalty of perjury, that all the information contained in this application is true to the best of their knowledge and belief.

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).

(Notarial Seal)

Notary Public's Signature



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)

