Application for Variance to the Zoning Ordinance

Please check the appropriate box below to indicate the type of variance you are requesting, and provide all information required to process your request.

☐ Minimum Setback Standards   ☐ Lot Width and/or Lot Depth   ☐ Off Street Parking or Loading
☐ Non-conforming Use   ☐ Other: _____

Request Information

Location _____

*Subdivision _____ Lot No. _____ Block No. _____

Existing Zoning _____ Proposed Case _____

Copy of current appraisal card, showing legal description of property is required to process request, available from, Lampasas County Appraisal District. Copy of current survey may be required after initial review.
* A metes and bounds description must be attached if the request is for property not platted.

Stated Hardship: (May not be self-created or personal hardship, nor for financial reasons only.)

_____
_____
_____
_____
_____
_____
_____

Applicant/Owner Information

Key Contact _____ Telephone No. _____ FAX No. _____

Address _____

City _____ State _____ Zip Code _____

Contact's Status: (check one)   ☐ Owner   ☐ Representative   ☐ Tenant   ☐ Prospective Buyer
- The owner's signature is required on this application.
- This is to certify that I/We the undersigned, am/are the sole owner(s) of the property described above on the date of this application.

Owner (please print) _____ Signature _____

Address _____ Telephone No. _____ FAX No. _____

City _____ State _____ Zip Code _____

Corporation, Partnership or Joint Venture Ownership Name _____

Authorized Representative (please print name) _____

Title _____ Signature _____

Address _____ Telephone No. _____ FAX No. _____

City _____ State _____ Zip Code _____

FOR OFFICE USE ONLY

Case No:	Fee:	ZBA Hearing:	ZBA Date
Zoning Map:	Tax Map:	Check by:	Check by:
Date Submitted:			