

CITY OF SINTON

P. O. Box 1395
301 E. Market St.
Sinton, Texas 78387
361-364-2381

APPLICATION TO BOARD OF ADJUSTMENT

<i>For Office Use Only</i>	Date Rcvd: _____
Fee: _____	Receipt # _____
BOA Date: _____	Approved/Denied _____

TYPE OF REQUEST: Variance Appeal Specific Use

PROPERTY INFORMATION:

Address: _____

Lot _____ Block _____ Subdivision _____ Current Zoning: _____

Lot Width: _____ Lot Depth: _____ Total SF of Lot: _____

Is this property located on a corner lot? Yes No

OWNER INFORMATION:

Owner's Name: _____

Owner's Address: _____ Phone: _____

IF APPLICABLE: Owner hereby gives _____ permission to seek the variance or appeal stated herein and to represent him/her at the meeting of the Board of Adjustment.

I hereby certify that the above statements are true and correct to the best of my knowledge.

Owner's Signature

STATE OF TEXAS
COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20_____

(seal)

Notary Public
My Commission expires: _____

IF DIFFERENT FROM ABOVE, APPLICANT INFORMATION:

Applicant's Name: _____

Applicant's Address: _____ Phone: _____

ACTION REQUESTED:

- Seeking an appeal from Zoning Ordinance No. 156, Section _____
- Seeking a permit for the reconstruction, extension, or enlargement of a building occupied by a nonconforming use.
- Seeking a Specific Use Permit
- Seeking a variance as follows:

	Ordinance Requirements	Requested Dimensions	Variance From Ordinance
LOT SIZE			
LOT WIDTH			
LOT DEPTH			
SIDE YARD			

SIDE YARD @ CORNER			
FRONT YARD			
REAR YARD			
COVERAGE AREA			
PARKING SPACES			
OTHER: Specify			

HARDSHIP FINDINGS

IN ORDER TO MAKE A FINDING OF HARDSHIP AND TO GRANT A VARIANCE, THE BOARD OF ADJUSTMENT MUST DETERMINE THAT ALL OF THE FOLLOWING CONDITIONS ARE MET. STATE HOW YOUR REQUEST MEETS THESE CONDITIONS. PLEASE NOTE THAT THE STATED HARDSHIP MAY NOT BE FINANCIAL OR SELF-CREATED.

1. The request for variance is in harmony with the general purposes and intent of Zoning Ordinance No. 1710, as amended, and continues to protect surrounding properties from any negative impacts because:

2. If the request is to permit the reconstruction, extension, or enlargement of a building occupied by a nonconforming use, such reconstruction will not prevent the return of such property to a conforming use. because:

3. The special or unique condition(s) of restricted area, shape, topography, or physical features that exist on the subject parcel of land, which are not applicable to other parcels of land in the same zoning district, and which cause unusual and practical difficulty or unnecessary hardship in compliance with the provisions sought here to be varied are:

4. The hardship sought to be avoided is NOT the result of (a) the applicant's own actions (self-imposed or self-created) and (b) economic or financial hardship because:

5. The provisions of Zoning Ordinance No. 1710, and its amendments, that are sought to be varied deprive the applicant of the following rights to use his property that are commonly enjoyed by other properties in the same zoning district which comply with these ordinance provisions:

REQUIRED SUBMITTALS:

- Completed application
- Owner permission, if applicable
- Application Fee (\$200.00)
- Site Plan or Survey drawn to scale

NOTICE TO APPLICANT:

I have carefully read the complete application and know the same is true and correct. I hereby agree to comply with all provisions of local, State, and Federal Laws will be complied with, whether herein specified or not. As the owner of the above property or a duly authorized agent as provided herein, I hereby grant permission to enter the premises and make all necessary inspections.

Signed: _____ Address: _____

Print Name: _____ Phone Number: _____

Date: _____ E-Mail: _____

STATE OF TEXAS

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20_____

(seal)

Notary Public
My Commission expires: _____