VARIANCE PERMIT APPLICATION

TYPE or PRINT

Address or general location:_____

Legal description of the property (attach additional sheets as necessary):

Subdivision: Block No: Lot No(s): Acres:

_____

(NOTE: For properties not in a recorded subdivision, submit a copy of a current survey **or** plat showing the properties proposed for a variance permit, and a complete legal description.)

Existing zoning district: _____ Current property use:_____

Proposed property use:_____

Indicate the section(s) of the Zoning Ordinance affected by this request and the reason(s) each variance is being requested (attach additional sheets as necessary): _____

_____

_____

_____

_____

The approval of an application for a variance permit is based on all six of the variance permit criteria as specified in the City of Baytown's Zoning Ordinance. On the back of this application is a Variance Supplemental Application Form requiring the applicant to indicate how this application satisfies each criteria. (The applicant has the burden of proof to demonstrate that all six of the criteria necessary for a variance have been met).

I (applicant) hereby certify that I am the owner, or duly authorized agent of the owner of the above-described property for the purpose of this application. The **NONREFUNDABLE** application fee of $100.00 to cover the costs of this Variance Permit Application has been paid to the City of Baytown on _____, 20___. I (applicant) also certify that I have been informed and understand the variance permit regulations as specified in the City of Baytown's Zoning Ordinance. I further understand and agree that I will at all times abide by the terms and conditions of all of the applicable provisions of the Ordinances of the City of Baytown.

Owner's signature: _____ Agent's signature: _____

Applicant's printed name: _____ Applicant's telephone: _____

Applicant's address: _____

Street City State Zip Code

FOR OFFICE USE ONLY					
Case Number	Date Submitted	Notice Date	B.O.A. Hearing Date	Building Permit Date	Zoning Map Number

VARIANCE SUPPLEMENTAL APPLICATION FORM

The Board of Adjustment has the authority to grant variances only when the following criteria are met. In the spaces provided, explain how your variance permit application satisfies each of the criteria. Please attach additional sheets to this form as required. (NOTE: The applicant has the burden of proof to demonstrate that all six of the variance criteria have been met).

TYPE or PRINT

1. That special circumstances exist that are peculiar to the land or structure that are not applicable to other land or structures in the same zoning district and are not merely financial;

2. That these special circumstances are not the result of the actions of the applicant;

3. That literal interpretation and enforcement of the terms and provision of this Zoning Ordinance would deprive the applicant of rights commonly enjoyed by other land in the same zoning district, and would cause an unnecessary and undue hardship;

4. That granting the variance is the minimum action that will make possible the use of the land or structure that is not contrary to the public interest, and which would carry out the spirit of the Zoning Ordinance and substantial justice;

5. That granting the variance will not adversely affect adjacent land and any material way;

6. and, that granting the variance will be generally consistent with the purposes and intent of the Zoning Ordinance.

I (applicant) hereby certify that the statements contained herein are true, complete, and correct to the best of my knowledge. My signature acknowledges that I understand that false, misleading or misstatements by me regarding the information set forth in this application, may result in the rejection of this application.

Applicant's signature: _____ Date: _____

SUBMIT APPLICATION TO: Planning and Development Services
2401 Market Street
Baytown, TX 77520
281-420-5394