

## **BRENHAM** Development Services Department

## **Variance Request (to Subdivision Ordinance Ch.23)**

**Application Fee:** \$300.00 **Property Owners Information** Telephone Number: E-mail Address: Address: \_\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ **Applicant Information** Telephone Number: E-mail Address: Address: City: State: Zip: **Agent or Engineer Information** Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_ Site Information Street Address: \_\_\_\_\_ Legal Description (please include a metes and bounds description if not subdivided): Subdivision: Block: Lot(s): Existing zoning designation: Section of the code from which variance is described: Describe variance requested (amount): Reasons for requesting the variance:

Minimum Submittal Checklist	
$\square$ Site plan showing: all existing and proposed struc	ctures, the distances between each, the distances to all
property lines, and easements, if applicable	
$\square$ \$300 application fee paid	
$\hfill\Box$ Photographs, letters from neighbors or any other feels would substantiate the request	r pertinent information/documentation that the applicant
$\Box$ Cover letter addressed to City Council explaining what is being requested and the reason(s) why the applicant is requesting a variance.	
Signature	
I hereby certify that the information on this form is COMPLETE, TRUE, and CORRECT and the under signed is authorized to make this application concerning the above described property. I understand that submitting this application does not constitute approval and incomplete applications will result in delays and possible denial. I further request that the Planning & Zoning Commission/Board of Adjustment/Plan Review Committee review this matter and take appropriate action.	
X Signature of Applicant	Date
X Signature of Owner	Date
FOR OFFICE USE ONLY	
RECEIVED BY:	DATE:
REVIEWED BY:	DATE:
NOTES:	