

SPECIAL EXCEPTION TO THE ZONING ORDINANCE
APPLICATION



101 W Abram St
Arlington TX 76010
817-459-6652
www.arlingontx.gov/planning

▶ **For submittal requirements, see appropriate checklist** ◀

Request Information

Location: _____ Subdivision: _____ Lot(s)/Block: _____

Special Exception being requested, (see Article 18-200): _____

Owner Information

(If there is more than one owner or agent, please attach a separate application.)

Check here if the property owner is represented by an authorized agent

Firm Name: _____

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

Fax: _____

Email: _____

**** The owner's original notarized signature is required on this application. No copied prints or faxed copies accepted.**

Representative/Agent Information

Firm Name: _____

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

Fax: _____

Email: _____

Special Notes

**INCOMPLETE APPLICATIONS WILL NOT BE
ACCEPTED**

**Contact a Community Development and Planning
staff member if you have any questions.**

Office Use Only

Case Number: _____ Date Submitted: _____ Accepted By: _____ RSN Number: _____

Tax Map: _____ Zoning Map: _____ Mapsco Page: _____ Sector: _____ Council District: _____

FEES: \$ _____ TOTAL

