

**VARIANCE TO THE ZONING ORDINANCE**  
**APPLICATION**



101 W Abram St  
Arlington TX 76010  
817-459-6652  
[www.arlingtontx.gov/planning](http://www.arlingtontx.gov/planning)

- Encroachment into a required setback       Lot depth or width       Off-street parking or loading

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

**Request Information**

Location: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot(s)/Block: \_\_\_\_\_

Provision of Zoning Ordinance in Question: \_\_\_\_\_

Note that a variance is permitted only where the literal enforcement of the provision of the Zoning Ordinance would result in an unnecessary hardship and where such variance is necessary to permit a specific lot which differs from other lots in the same district by being of such restricted area, shape or slope that it cannot be developed in a manner commensurate with the development permitted upon other lots in the same district. (Hardships cannot be self-created or for financial reasons alone.)

**Please attach a statement explaining your hardship and how your request meets the standard for approval.**

**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**

07/25/2008

