

APPLICATION

ZONING BOARD OF ADJUSTMENT

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Select Request Type:				
☐ Variance – select on	e: o a required setback	Lot depth or width		
	ative Official's Decision - descr			
	on in Question:			
in an unnecessary hardship a district by being of such re	tted only where the literal enforce and where such variance is necess stricted area, shape or slope the other lots in the same district.	sary to permit a specif at it cannot be deve	fic lot which differs from eloped in a manner co	other lots in the same mmensurate with the
Request Information				
LOCATION:	SUBDIVISION	l:	LOT(S)/BLOCK:	
Owner Information				
Firm Name (authorized rep	resenting agent, if applicable):			
Owner Name:				
				State:
ZIP Code: Tele	ephone:	Email:		
Applicant				
Firm Name:		Name:		
Address:		City:		State:
ZIP Code: Tele	ephone:	Email:		
Documents Required				
•	n with location of request (maxidescribing the variance request ents Report			• ,
the request. Applicants will be • Their case has been	will be evaluated by a Staff come notified after review, either: on scheduled with the ZBA, at which ave jurisdiction and the case can	h time the fee will be	-	isdiction and can hear
Preparer's Signature:				
Printed Name:			Date:	
[]	FOR OFF	ICE USE ONLY		
	AMANDA Seguence Nur			

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Owner Certification and Disclosure of Interest

Article XII, Code of Ethics, of the "Administration" Chapter of the Code of the City of Arlington, Section 12.06, requires all persons seeking City Council, Planning and Zoning Commission, or Zoning Board of Adjustment consideration or action concerning any application for rezoning, plat approval, special exception, variance or similar application requiring action by the Planning and Zoning Commission or Zoning Board of Adjustment, to provide the following information. The applicant and the owner shall both file statements in those cases where the applicant does not own the property which is the subject of consideration or action.

Do you believe that a City official or City employee may have a conflict of interest in the aforementioned property or

application? ☐ YES \square NO If YES, state the name of each person and the department they represent known by you that may have a conflict of interest in the property of the application referenced. Name: _____ Council, Board, Commission, or City Department: _____ Council, Board, Commission, or City Department: This is to certify that (owner name) ______, the stated undersigned, is/are the sole owner(s) of the property described in this application, and that I/we have read and understand the "Disclosure of Interest". **Owner Signature** Date Owner Name (print) Agent Signature Agent Name (print) Date Notary Statement - All Signatures Must Be Notarized Before me, the undersigned authority, on this day, personally appeared (owner) me to be the person whose name is subscribed to the above and foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration expressed and in the capacity therein stated. Given under my hand and seal of office on this _____ day of _____ , 20 ___ . Notary Public in and for the State of Texas

me to be the person whose name is subscribed to the above and foregoing instrument, and acknowledged to me that

he executed the same for the purposes and consideration expressed and in the capacity therein stated.

Before me, the undersigned authority, on this day, personally appeared (agent)

Given under my hand and seal of office on this

_____ day of _____ , 20 ____ .