



CITY OF HIGHLAND HAVEN
510-A Highland Drive
Highland Haven, Texas 78654-8269
Phone: 830-265-4366 Fax: 512-366-9721

VARIANCE APPLICATION REQUEST FORM

Date: _____

Property Owner(s) or Agent(s) Name: _____

Billing Address _____

City, State, Zip _____

Phone # _____ **Email Address:** _____

Variance Fee \$ _____

Property Location: Lot# (s) _____ **HH Street Address:** _____

City Ordinance Reference: _____

Describe Reason or Anticipated Use for Variance: _____

(Attach additional sheets if necessary)

Anticipated use of Property: _____

**IT IS THE RESPONSIBILITY OF THE OWNER TO PROVIDE THE CITY WITH MOST RECENT
PROPERTY PLAT TO INCLUDE THE FOLLOWING:**

1. Date of preparation; scale of plat; north arrow
2. Identification of any floodplain within variance area
3. Setback lines / easements / boundary lines
4. General Notes to reflect same

EXPLAIN how your request applies to EACH of the following: (attach additional sheets if necessary)

(a) What are the special circumstances or conditions affecting the land involved such as strict application of provisions of this Ordinance would deprive applicant of the reasonable use of the land:

(b) That granting of the variance will not create a Hardship to the Public Health, Safety or Welfare or be injurious to other property within the City:

(c) That the granting of this variance will not have a negative effect on the surrounding properties:

(d) That granting this variance constitutes a minimal departure from this ordinance:

(e) That the circumstances or conditions are NOT self-imposed, are NOT based solely on economic gain or loss, and MOST important that they do NOT negatively affect properties in vicinity of applicant's property:

SUCH WRITTEN FINDINGS OF THE BOA, TOGETHER WITH THE SPECIFIC FACTS UPON WHICH FINDINGS ARE BASED, SHALL BE READ INTO THE OFFICIAL MINUTES OF THE BOA MEETING AT WHICH THE VARIANCE IS REVIEWED. VARIANCES SHOULD ONLY BE GRANTED WHEN THERE IS NO HARDSHIP CAUSED TO THE PUBLIC HEALTH, SAFETY AND WELFARE.

Are ALL the checklist requirements being supplied?

Yes ☐

No ☐

If NOT, explain why?

**IF TO BE SIGNED WITH ALTERNATE NAME OR AGENT OTHER THAN PROPERTY OWNER,
PROVIDE NAME & EXPLANATION.**

I certify that I am the owner or agent of the described property for purposes of this application. I respectfully request the processing and approval of the referenced plat and agree to comply any/all necessary information concerning this request. I also understand that any substantial modifications or additions to this submittal could mean the requirement of a revised plat. I hereby certify that I have been informed and understand the requirements regarding this process as specified by City Ordinance.

<hr/> Owner’s Signature	<hr/> Owner’s Printed Name
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I hereby authorize the Agent indicated BELOW to act on my behalf during the process / presentation of this request. They are to be the principal contact with the City in processing this application.

<hr/> Owner’s Signature	<hr/> Owner’s Printed Name
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<hr/> Agent’s Signature	<hr/> Agent’s Printed Name
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OWNER/AGENT MUST BE PRESENT AT HEARINGS TO PRESENT PURPOSE OF VARIANCE.

