



APPLICATION FOR VARIANCE

INSTRUCTIONS: APPLICATION MUST BE FILLED OUT COMPLETELY WITH REQUIREMENTS TO PROCESS APPLICATION FORM.

Owner's Name: _____ Phone: _____

Address: _____

Applicant's Name: _____

(if different from owner)

Address: _____ Phone: _____

Property for which variance is being requested:

Subdivision _____ Block _____ Lot(s) _____

Address: _____

Reason (s) Variance Requested: _____

Site plan to scale for property (include dimensions of lot/tract and dimensions of any improvements to be placed on lot/tract) must be submitted before the application can be processed.

A non-refundable filing fee of \$ 225.00 must be paid at the time the application is filed (Make checks payable to the City of Donna).

Applicant's Signature

Date

Authorized Agent's Signature

Date

FOR OFFICE USE ONLY:

Filing fee of \$ 225.00 paid on _____.

Date owner/ applicant was notified of **Planning & Zoning** meeting:_____.

Application set for Hearing before the **Planning and Zoning Commission** on the _____ day of _____, 20_____.

Date owner/ applicant was notified of **City Council** meeting: _____.
Application set for Hearing before the **City Council** on the
_____ day of _____, 20_____.

City Staff's Signature

Publication Date for PZ: _____ Name of Newspaper: _____
Publication Date for CC: _____

Date surrounding property owners were mailed notification: _____

Stipulations or comments:

PZ Approval: ____ Yes ____ No Date of PZ Approval/ Disapproval _____
CC Approval: ____ Yes ____ No Date of CC Approval/ Disapproval _____

If tabled, please state the reason(s):

