



**APPLICATION FOR VARIANCE**

**CODE: 11.3410**

**Fee: \$400 (non-refundable)**

The Planning & Zoning Commission meets the 1<sup>st</sup> Monday of each month at 5:30 pm. Deadline to submit an application is 20 days prior to meeting.

The City Commission meets the 1<sup>st</sup> Tuesday of each month at 5:30 pm.

INSTRUCTIONS: APPLICATION MUST BE FILLED OUT COMPLETELY WITH ALL REQUIREMENTS IN ORDER TO PROCESS APPLICATION.

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Survey or 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. Please include copy of warranty deed.

**A non-refundable filing fee of \$ 400.00** 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 \$400.00 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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_