

CITY OF MANVEL, TEXAS

APPLICATION FOR BOARD OF ADJUSTMENT HEARING

ZONING DISTRICT _____

OWNER'S NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

PROPERTY ADDRESS: _____

LEGAL DESCRIPTION: _____

REPRESENTATIVE'S NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

POSITION: _____

NAME OF TENANT: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

PROJECT DESCRIPTION: _____

SECTION OF CODE QUESTIONED: _____

ACTION REQUESTED: VARIANCE:____ APPEAL:____ SPECIAL EXCEPTION:____

- ATTACHMENTS:
- 1) SITE PLAN
 - 2) PERMIT APPLICATION
 - 3) LETTER OF PERMIT DENIAL
 - 4) PROJECT DESCRIPTION
 - 5) FACTS AND REASONS FOR APPLICATION
 - 6) ADDITIONAL INFORMATION
 - 7) AGENT'S APPOINTMENT
 - 8) \$500 FEE
 - 9) DEED RESTRICTIONS

SIGNATURE OF APPLICANT: _____

DATE: _____