



P.O. Drawer 400 2665 San Angelo
Ingleside, TX 78362
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APPLICATION FOR APPEAL

INSTRUCTIONS:

- (1) Please type or print clearly in black ink.
- (2) File with Building Official, City Hall Annex, Ingleside, Texas.
- (3) Request must be accompanied by required filing fee.
- (4) Attach extra sheets of plain paper, if necessary.

TO THE ZONING BOARD OF ADJUSTMENTS, CITY OF INGLESIDE, TEXAS

In accordance with Article 10, Planning and Zoning Section 10.05, Board of Adjustments of the City Charter; Chapter 2. Sec. 2-81, of Code of Ordinances; and Article 1011g, Vernon’s Annondated Texas Civil Statutes, the undersigns submits this request for an appeal of an order requirement, decision or determination made by an administrative official, on the property herein described:

Name: _____ Street Address: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone No.: _____ Cell Phone No.: _____

Subject Property Description: (A copy of Proof of Ownership Must Accompany Request)

Lot Number (s): _____ Blk: _____ Subdivision: _____

Lot Size: _____ Feet X _____ Feet Frontage Street Location: _____

Present Zoning Classification: _____

Reason for Requesting Variance (be specific)

I CERTIFY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT. I ALSO CERTIFY THAT I UNDERATND THAT ATTENDANCE IS MANDATORY, EITHER BY MYSELF OR A REPRESENATAIVE, AT THE HEARINGS FOR THIS REQUEST TO BE CONSIDERED. I ALSO UNDERSTAND THAT FAILURE TO ATTEND WILL RESULT IN TERMINATION OF PROCESS AND RE-APPLICATION WILL BE REQUIRED.

Date of Board of Adjustment Meeting: _____ Time: _____

Signature of Applicant: _____ Date: _____ Signature of Owner: _____ Date: _____

REQUEST FOR VARIANCE: GRANTED: _____ DENIED: _____

OFFICE USE ONLY	
DATE: _____	REVIEWED BY: _____