



CITY OF HORSESHOE BAY
1 Community Drive
P.O. Box 7765
Horseshoe Bay, Tx 78657
830-598-9959

DEVELOPMENT SERVICES DEPARTMENT
DEVELOPMENT PROJECTS/PERMITS/INSPECTIONS
PLATTING/PLANNING & ZONING/BOARD OF
ADJUSTMENT
CODE ENFORCEMENT

Application for Variance from the Zoning Ordinance

Date: _____

Property Plat (Title/Lot #): _____

Owner's Name: _____

Mailing Address: _____

E Mail Address: _____

Phone Number(s): _____

Property Address: (if known) _____

Subdivision or Zone _____

Current Zoning Classification: _____

Current and/or anticipated use of property: _____

Describe zoning variance you are applying for: (Attach additional sheets if necessary)

Explain how your request addresses each of the following:

- (a) That there are special circumstances or conditions affecting the land involved such that the strict application of the provisions of this Ordinance would deprive the applicant of the reasonable use of the land.

(b) That the variance is necessary for the preservation and enjoyment of a substantial property right of the applicant.

(c) That the granting of the variance will not be detrimental to the public health, safety or welfare, or injurious to other property within the area.

(d) That the granting of the variance will not have the effect of preventing the orderly use of other land within the area in accordance with the provisions of this Ordinance.

(e) That the granting of the variance constitutes a minimal departure from this Ordinance.

(f) That the subject circumstances or conditions are not self-imposed, are not based solely on economic gain or loss, and do not generally affect most properties in the vicinity of the property. _____

Are all the checklist requirements being supplied? Yes No

If not, explain why:

(Attach additional sheets if necessary)

Certifications:

I hereby certify that I am the owner of the above described property for the purposes of this application. I agree to provide all necessary information concerning this submittal. I understand that any substantial modifications or additions to this submittal can mean the requirement of a revised submission. I certify that I have been informed and understand the regulations regarding this process as specified by City Ordinance.

Owner's Signature	Owner's Printed Name	Date
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Owner's Signature	Owner's Printed Name	Date
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I also hereby authorize the Applicant, Agent, and/or Engineer listed on this application to act on my behalf during the processing and presentation of this request. They shall be the principal contacts with the City in processing this application.

Owner's Signature	Owner's Printed Name	Date
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Owner's Signature	Owner's Printed Name	Date
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Applicant's Signature	Applicant's Printed Name	Date
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Agent/Engineer's Signature	Agent/Engineer's Printed Name	Date
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Zoning Variance Application Checklist

_____ Notice has been published in the Horseshoe Bay Beacon and The Highlander newspapers at least thirty (30) days and again at least sixteen (16) days prior to the public hearing when the application will be considered.

_____ Affidavits of Publishers submitted.

_____ Copies of newspaper publications attached.

_____ One original copy of both publications submitted.

_____ Notice of the public hearing shall be provided to all property owners within five hundred feet (500') of the affected property at least thirty (30) days and again at least sixteen (16) days prior to the public hearing.

_____ Copy of notice mailed to property owners and dates mailed submitted.

_____ List of all property owners notified with names and addresses submitted.

_____ Site plan depicting platting information and relevant variance issue(s).

_____ Subdivision ACC approval and date.

_____ Application using forms prescribed by the city, certifying land ownership and, if applicable, authorization of a landowner's agent to file the request.

_____ Application fee of \$100.00 submitted.

_____ Appropriate POA (President) has been notified of the filing of this application.
Provide Proof.

_____ You or your designated agent must be present at the Board of Adjustment meeting to present your request.

Certification:

I hereby certify that the above information is true and correct.

Owner's/Agent's Signature

Owner's/Agent's Printed Name

Date



SAMPLE PUBLIC NOTICE

There will be a public hearing by the Horseshoe Bay Board of Adjustment concerning a Variance request by _____ at their regularly scheduled meeting beginning at 3:00 P.M. on Tuesday, _____ 20_____, followed by discussion and action on the same.

The Variance request is to allow _____ on Lot No. _____ of Plat _____ Plat No. _____, also known as being in the _____ block of _____ in the City of Horseshoe Bay, Texas,

The public hearing will be held at the City Council Chambers, #1 Community Drive, Horseshoe Bay, Texas. Contact the City Development Services office at 830-598-9959 for more information, or to comment regarding this application any time before the public hearing.

Insert Map

IMPORTANT! Public Notices must be approved by the City of Horseshoe Bay Development Services Director prior to being published or mailed.