Board of Adjustment Application

City of Chandler

811 Hwy 31 East
Chandler, TX 75758 · 903.849.6853 (phone) · 903.849.4663 (fax)
www.chandlertx.com

Site Information
Address: _____

Subdivision: _____Lot #: _____Block #: _____

Lot Area: _____Zoning District: _____

Property Owner: _____

Address: _____

City: _____State: _____Zip: _____

Phone: _____Fax: _____Email: _____

Applicant: _____

Address: _____

City: _____State: _____Zip: _____

Phone: _____Fax: _____Email: _____

If applicant is different from property owner:
The Property Owner does hereby grant the applicant, _____(name), authority to represent him/her at the hearing.

_____(property owner)
Signature

On this _____day of _____, 20_____, before me _____, the undersigned notary public, personally appeared _____, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that he/she executed it.

WITNESS my hand and official seal:

_____[Seal]

Request
Zoning Ordinance, Section: _____
Check One: Appeal _____Special Exception: _____Variance: _____
Describe Request: _____

_____

_____

Describe Hardship: _____

_____

_____

_____

Board of Adjustment Variance Worksheet

In order to make a finding of hardship and to grant a variance, the Board of Adjustment must determine that the following conditions are met. State how your request meets these conditions.

a) There are special circumstances existing on the property on which the application is made related to size, shape, area, topography, surrounding conditions and location that do not apply generally to other property in the same area and the same zoning district.

_____

_____

_____

_____

_____

b) That granting of the variance will not violate the purpose or intent of the ordinance and will not cause harm to any surrounding property owner.

_____

_____

_____

_____

_____

c) The granting of the variance will not merely serve as a convenience to the applicant.

_____

_____

_____

_____

_____

d) The granting of the variance will alleviate some demonstrable and unusual hardship or difficulty so great as to warrant a deviation from the standards and will not be contrary to the public interest.

_____

_____

_____

_____

_____

_____

Applicant hereby requests that this case be reviewed by the Board of Adjustment for a decision.

I hereby certify that the above statements are true and correct, that I have read this application form and understand that filing the application and paying the fee does not guarantee an affirmative action by the Board of Adjustment. I further understand that at least four (4) affirmative votes must be cast in order to grant my request.

_____(applicant's signature) Date: _____
On this _____day of _____, 20_____, before me _____, the undersigned notary public, personally appeared _____, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that he/she executed it.

WITNESS my hand and official seal:

_____[Seal]

City Staff Only:

Fee Paid: _____Receipt #: _____

BOA meeting date: _____

Board Decision: ( ) Denied ( ) Granted

Terms and/or Conditions: _____
_____

Board Chair: _____

Filed with the office of the City Secretary this _____day of _____, 20_____.