



APPEAL TO THE BOARD OF ADJUSTMENT

City of Melissa, Texas

Receipt Date _____

PLEASE TYPE OR PRINT USING BLACK INK

DATA RELATIVE TO VARIANCE REQUEST:

Street Address: _____ Zoning District: _____
Lot Number: _____ Block Number: _____ Addition: _____

TO THE HONORABLE BOARD OF ADJUSTMENT:

Applicant **Applicant's Phone Number & FAX Number**

In accordance with the provisions of the Comprehensive Zoning Ordinance, appeal is now made to the Honorable Board of Adjustment to grant the following variance request:

In order to make a finding of hardship and to grant a variance, the Board of Adjustment must determine that **all** of the following conditions are met. State how your request meets these conditions. **Please note that the stated hardship may not be financial or self-induced.**

a. The requested variance does not violate the intent of the Ordinance or its amendments;

b. Special conditions or restricted area, shape, topography, or physical features exist that are peculiar to the subject parcel of land and are not applicable to other parcels of land in the same zoning district:

c. The hardship is in no way the result of the applicant's own actions:

d. The interpretation of the provisions in this Ordinance or its amendments would deprive the applicant of rights commonly enjoyed by other properties in the same zoning district that comply with the same provisions.

PLEASE CHECK ONE:

I will represent this variance request at the Board meeting.

I will not be able to represent this variance request at the Board meeting. My authorized representative, who will request this variance before the Board of Adjustment is:

Name (Please print)

Telephone/FAX Number

Street Address

City

State

Zip

IF APPLICANT IS NOT PROPERTY OWNER, PLEASE COMPLETE THE FOLLOWING:

Street Address City State Zip

STATE OF TEXAS

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20____, by _____, who, on his/her oath certifies that the above statements are true and correct to the best of his/her knowledge.

(Notary Public) My commission expires: _____

I do hereby certify that the above statements are true and correct to the best of my knowledge.

(Applicant's Signature) (Date)

If the owner of the subject property is not the applicant, by signing below, the owner authorizes the applicant or his authorized representative to make this application on his behalf and to appear before the Board.

(Owner) _____ (Date) _____

Submit the completed application to Development Services via email to development@cityofmelissa.com
For questions, please email Development Services at development@cityofmelissa.com
OR call #972-838-2036