Variance Application Requirements

Please provide the following with your completed application for a variance:

- Ten 11” x 17” copies of the plot plan, survey, or site plan with the requested area for the variance clouded;

- Mailing labels for all property owners, not just homeowners, within 200 feet of the property;

- Postage equating to the total number or mailing labels;

- The property owner’s signature with complete notary block.

If you are requesting a variance for an existing structure, please include 2 or 3 pictures showing the structure in relation to your property and adjacent properties.

Following the receipt of the completed application and the above materials, the City of Melissa will schedule your request for consideration at a future Board of Adjustments meeting. You will be notified of the meeting date. If you have any questions, please call Development Services at (972) 838-2036.
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

Applicant's Street Address ______________________ City ______________________ State ______ Zip

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:

Property Owner (Please Print) __________________________ Telephone Number __________

Street Address __________________________________________________ City State Zip __________

Tenant Name (Please Print) __________________________ Telephone Number __________

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.

_____________________________ My commission expires: _________________
(Notary Public)

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)

BOARD OF ADJUSTMENT

REQUEST APPROVED _______ Votes for approval _______ Votes against approval _______

REQUEST DENIED _________ Votes for denial _________ Votes against denial _________

DATE: __________________________

CHAIRMAN:____________________ BOARD SECRETARY________________________