CITY OF ALVARADO

REQUEST FOR A VARIANCE

DATE: _____ CLERK: _____ FEE: _____ CASE NO: _____

NAME OF APPLICANT: _____ PH: ( ) _____

MAILING ADDRESS: _____

APPLICANT IS THE: OWNER / LEASER / PURCHASER OF THE PROPERTY.
circle one

NAME OF OWNER: _____ PH: ( ) _____

MAILING ADDRESS: _____

STREET ADDRESS OF PROPERTY: _____ ACREAGE: _____

LEGAL DESCRIPTION: _____

PRESENT USE: _____ PROPOSED USE: _____

REASON FOR NEEDING A VARIANCE: _____

_____

USAGE OF ADJACENT PROPERTY NORTH: _____

SOUTH: _____

EAST: _____

WEST: _____

NOTE: If the property can be identified by the subdivision or addition please include that with the lot ar block numbers as the legal description. You must also attach a copy of the appropriate portion of the subdivision or addition plat with the subject property clearly indicated on it. If property is not part of a subdivision or addition plat, give the complete metes and bounds discription of the property and indicate the location of said property by indentifying one or more adjacent tracts and/or rights-of-way or attach a surveyor's plat of the property.

SIGNED: _____ SIGNED: _____

APPLICANT OWNER