

City of Lake Worth  
 Zoning Department  
 3805 Adam Grubb  
 Lake Worth, Texas 76135  
 817-237-1211 X 111 Fax 817-237-1333



**BOARD OF ADJUSTMENT  
 VARIANCE / SPECIAL EXCEPTION APPLICATION**

**PROPERTY OWNER/DEVELOPER INFORMATION**

<b>Company Name:</b>		<b>Contact:</b>	
<b>Address:</b>		<b>City:</b>	<b>State:</b>
<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>	
<b>Zip:</b>			

**PROPERTY INFORMATION**

<b>Street Address of Property:</b>			
<b>Legal Description:</b>	<b>Block/Abstract:</b>	<b>Lot/Tract:</b>	<b>Addition/Survey:</b>
<b>Current Zoning:</b>		<b>Type of Development being proposed?</b> <input type="checkbox"/> SF <input type="checkbox"/> MF <input type="checkbox"/> C <input type="checkbox"/> I <input type="checkbox"/> <b>Other:</b>	
<b>Survey Attached as required?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>Variance to Ordinance #:</b>	
<b>Variance Request?</b>		<b>Reason For Request:</b>	

I understand that I must provide a detailed letter requesting variance/special exception, a survey of the property, the variance application, and the required fee (*verify amount with the P & Z Coordinator*). I hereby certify that the information provided in this application is true and factual to the best of my knowledge. I further understand that the public hearing for this project will not be scheduled until the application fee has been paid and the plans have been reviewed and accepted by City staff to go before the Board of Adjustment, for final approval

<b>Property Owner Signature:</b>	<b>Date:</b>
<b>Printed Name:</b>	<b>Title:</b>

**OFFICE USE ONLY**

<b>Fee:</b>	<b>Date Paid:</b>	<b>Receipt #:</b>	
<b>PZ #:</b>	<b>Ownership Verified:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Taxes Paid:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Liens Paid:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>BOA Meeting Date:</b>			
<b>Variance Approved:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Ordinance #:</b>	<b>Date Approved:</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	<b>Any Stipulations?</b>