



City of
West University
Place

Public Works Department
Community Development

**BUILDING-OWNER'S DESIGNATION OF
SIDE SETBACK AREAS (SIDE YARD)**
UNDER THE ZONING ORDINANCE OF THE CITY
OF WEST UNIVERSITY PLACE

SUBJECT		
STATE OF §	COUNTY OF §	ON THIS DATE
The undersigned person(s) (referred to collectively as "Owner") certifies that the owner owns the Property described below and signs this designation. Words and phrases in this designation have the same meanings as in the Zoning Ordinance.		
DESIGNATED SIDE SETBACK AREAS		
The _____ ¹ side setback area—measured from the _____ ¹ property line of the Building Site described above—is designated as the area _____ feet in width parallel and adjacent to such property line.		
The _____ ² side setback area—measured from the _____ ² property line of the Building Site described above—is designated as the area _____ feet in width parallel and adjacent to such property line.		
¹ Insert, e.g., "north", "south" or other clear identification of the first side property line (i.e. the property line for which the first designation is made).		
² Insert, e.g., "north", "south" or other clear identification of the second side property line (i.e. the property line for which the second designation is made).		
SIGNATURE	DATE	
PRINT NAME		
OFFICIAL USE ONLY		
STATE OF §	COUNTY OF §	
ACKNOWLEDGMENT OF FILING.		
The building official of the City acknowledges that this instrument was duly filed as required by the Zoning Ordinance of the City.		
BY	LEGIBLE SEAL	
DATE ACKNOWLEDGED		
COMMISSION EXPIRATION		

NOTES
• An original survey depicting the property described below must be attached.

PROPERTY INFORMATION
ADDRESS
LEGAL DESCRIPTION OF PROPERTY

BUILDING SITE REVIEW
<input type="checkbox"/> ACCEPTABLE <input type="checkbox"/> UNACCEPTABLE
Building Site is unacceptable for the following reason(s):
<input type="checkbox"/> Table 7-2 Note 2 <input type="checkbox"/> Table 7-2 Note 3
<input type="checkbox"/> Table 7-2 Note 6 <input type="checkbox"/> Table 7-6 Note 5

CHIEF BUILDING OFFICIAL	DATE
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OFFICIAL USE ONLY	
STATE OF §	COUNTY OF §

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DATE ACKNOWLEDGED	
COMMISSION EXPIRATION	