City of West University Place

APPLICATION TO THE ZONING BOARD OF ADJUSTMENT OF THE CITY OF WEST UNIVERSITY PLACE, TEXAS ("CITY")

Address of site:

Legal description of the site:

Applicant:
Address:
Contact: ***Phone:*** ***Fax:*** ***Email:***

Decision or Action Requested ***(check one or more and provide requested data):***

( ) Appeal. Hear and decide an appeal from an order, requirement, decision or determination made by the Administrative Official.

- Is the official's action in writing? ( ) Yes; ( )copy is attached. ( )No, but the action appealed is as follows:

- When was the action taken? Note: Appeals must be filed within a reasonable time. Please explain any delay below:

- Exact zoning ordinance section(s) involved:
- Grounds for appeal:

( ) Special Exception.

- Exact zoning ordinance section that authorizes the special exception:

- Exact wording of special exception requested:

( ) Variance.

- Exact zoning ordinance section from which a variance is requested:

- Exact wording of variance requested:

Other Data. Are there drawings or other data? ( )No ( )Yes*(list items here and attach them)*

Attached. The applicant has read the State and City regulations attached.

Signature of applicant: _____ Date: _____

For Staff Use only Date filed:_____ Date heard:_____ Docket#:_____