



P.O. Drawer 400 2665 San Angelo  
Ingleside, TX 78362  
Phone: 361-776-3815 Fax: 361-776-1027

### APPLICATION FOR APPEAL

**Permit #:** \_\_\_\_\_

**INSTRUCTIONS:**

- (1) Please type or print clearly in black ink.
- (2) File with Building Official, City Hall, Ingleside, Texas.
- (3) Request must be accompanied by required filing fee.
- (4) Attach extra sheets of plain paper, if necessary.

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**TO THE ZONING BOARD OF ADJUSTMENTS, CITY OF INGLESIDE, TEXAS**

In accordance with Article 10, Planning and Zoning Section 10.05, Board of Adjustments of the City Charter; Chapter 2. Sec. 2-81, of Code of Ordinances; and Article 1011g, Vernon’s Annondated Texas Civil Statutes, the undersigns submits this request for an appeal of an order requirement, decision or determination made by an administrative official, on the property herein described:

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

**Subject Property Description: (A copy of Proof of Ownership Must Accompany Request)**

Lot Number (s): \_\_\_\_\_ Blk: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Lot Size: \_\_\_\_\_ Feet X \_\_\_\_\_ Feet Frontage Street Location: \_\_\_\_\_

Present Zoning Classification: \_\_\_\_\_

Reason for Requesting Variance (be specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT. I ALSO CERTIFY THAT I UNDERATND THAT ATTENDANCE IS MANDATORY, EITHER BY MYSELF OR A REPRESENATAIVE, AT THE HEARINGS FOR THIS REQUEST TO BE CONSIDERED. I ALSO UNDERSTAND THAT FAILURE TO ATTEND WILL RESULT IN TERMINATION OF PROCESS AND RE-APPLICATION WILL BE REQUIRED.

Date of Board of Adjustment Meeting: \_\_\_\_\_ Time: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUEST FOR VARIANCE: GRANTED: \_\_\_\_\_ DENIED: \_\_\_\_\_**

<b>OFFICE USE ONLY</b>		
APPROVED: _____	DATE: _____	REVIEWD BY: _____