

**VARIANCE TO THE ZONING ORDINANCE**  
**APPLICATION**



101 W Abram St  
Arlington TX 76010  
817-459-6652  
[www.arlingtontx.gov/planning](http://www.arlingtontx.gov/planning)

- Encroachment into a required setback       Lot depth or width       Off-street parking or loading

▶ **For submittal requirements, see appropriate checklist** ◀

**Request Information**

Location: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot(s)/Block: \_\_\_\_\_

Provision of Zoning Ordinance in Question: \_\_\_\_\_

Note that a variance is permitted only where the literal enforcement of the provision of the Zoning Ordinance would result in an unnecessary hardship and where such variance is necessary to permit a specific lot which differs from other lots in the same district by being of such restricted area, shape or slope that it cannot be developed in a manner commensurate with the development permitted upon other lots in the same district. (Hardships cannot be self-created or for financial reasons alone.)

**Please attach a statement explaining your hardship and how your request meets the standard for approval.**

**Owner Information**

(If there is more than one owner or agent, please attach a separate application.)

- Check here if the property owner is represented by an authorized agent.

Firm Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**\*\* The owner's original notarized signature is required on this application. No copied prints or faxed copies accepted.**

**Representative/Agent Information**

Firm Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Special Notes**

**INCOMPLETE APPLICATIONS WILL NOT BE  
ACCEPTED**

**Contact a Community Development and Planning  
Staff Member if you have any questions.**

**Office Use Only**

Mapsco Page: \_\_\_\_\_ Sector: \_\_\_\_\_ Council District: \_\_\_\_\_

AMANDA Sequence Number: \_\_\_\_\_



**Owner Certification and Disclosure**

Article XII, Code of Ethics, of the "Administration" Chapter of the Code of the City of Arlington, Section 12.06, requires all persons seeking Council, Zoning Board of Adjustment or Planning and Zoning Commission consideration or action concerning any application for rezoning, plat approval, or special exception which requires action by the above stated commissions, to provide the following information. The applicant and the owner shall **both** file statements in those cases where the applicant does not own the property which is the subject of consideration or action.

Do you believe that a City official or City employee may have a conflict of interest in the aforementioned property or application?  yes  no

If so, state the name of each person and the department they represent known by you that may have a conflict of interest in the property of the application referenced:

Name: \_\_\_\_\_ Council, Board, Commission or City Department: \_\_\_\_\_

Name: \_\_\_\_\_ Council, Board, Commission or City Department: \_\_\_\_\_

This is to certify that \_\_\_\_\_, the stated undersigned, is/are the sole owner(s) of the property described in this application, and that I/we have read and understand the "Disclosure of Interest" form.

\_\_\_\_\_  
Owner signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print - Owner

\_\_\_\_\_  
Agent signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Agent

**\*\*All signatures on this application shall be original signatures. No copied prints or faxed copies accepted.**

**Notary Statement**

**All Signatures Must Be Notarized**

Before me, the undersigned authority, on this day personally appeared (**Agent**) \_\_\_\_\_ known to me to be the person whose name is subscribed to the above and foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration expressed and in the capacity therein stated.

Given under my hand and seal of office on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_



\_\_\_\_\_  
Notary Public in and for the State of Texas

Before me, the undersigned authority, on this day personally appeared (**Owner**) \_\_\_\_\_ known to me to be the person whose name is subscribed to the above and foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration expressed and in the capacity therein stated.

Given under my hand and seal of office on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_



\_\_\_\_\_  
Notary Public in and for the State of Texas