



# APPLICATION FOR VARIANCE

Town of Westlake \* 1301 Solana Boulevard, Building 4, Suite 4202 \* Westlake, TX 76262

Telephone: (817) 430-0941 \* Fax: (817) 430-1812

e-mail: customerservice@westlake-tx.org

## Office use Only

Case Number: \_\_\_\_\_ Submittal Date: \_\_\_\_\_

Fee: \_\_\_\_\_ Received By: \_\_\_\_\_

Attached Plan     Drawings     Written Support

## Description of Property

Type of Variance being Requested: \_\_\_\_\_

Lot Number: \_\_\_\_\_ Block Number: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Acreage: \_\_\_\_\_

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

General Location: \_\_\_\_\_

## Applicant Information

Applicant's Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

Phone # : \_\_\_\_\_ Fax # : \_\_\_\_\_

## Owner Information

Owner's Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

Phone # : \_\_\_\_\_ Fax # : \_\_\_\_\_

## Variance Request

Town Standard: \_\_\_\_\_ Requested Standard: \_\_\_\_\_

Describe Nature of Hardship: (attached additional sheets if necessary) \_\_\_\_\_

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## Designation of Agent Form

I hereby authorize the person designated below, to act in the capacity as my agent for the application, processing and the representation of this request. The designated agent shall be the principal contact person with the Town of Westlake (and vice versa) in processing and responding to requirements, information requests or other issues relative to this request.

### PROPERTY OWNER

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

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

### APPLICANT

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

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

### DESIGNATED AGENT

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

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

Phone # : \_\_\_\_\_ Fax # : \_\_\_\_\_