

**CITY OF DEL RIO, TEXAS
ZONING BOARD OF ADJUSTMENTS
114 WEST MARTIN
DEL RIO, TEXAS 78840
FAX (830) 703-5305
(830) 774-8553**

Appeal No. _____
Deadline _____
Date of Hearing _____
Date Received _____
Filing Fee _____
Date of Action _____
Action _____

Purpose:

The application process is the initial stage for requesting action from the Zoning Board of Adjustment on an appeal as defined by Section 7-181 of the Code of Ordinances for the City of Del Rio, Texas.

Applicant:

Name _____

Address _____

City _____

Phone _____

E- Mail _____

Representing

Name _____

Address _____

City _____

Phone _____

E- Mail _____

Appeal

*I/We appeal to the Zoning Board of Adjustment the decision of the Building Official on _____
_____ The Building Official was required under the provision of the Zoning Ordinance to deny a permit to _____

_____*

The reason for this application is:

_____ *An appeal for and interpretation of the Zoning Ordinance or Zoning Map.*

_____ *A Special Exception to the terms of the Zoning Ordinance on which the Board of Adjustment is required to pass.*

_____ *A Variance in relation to the () Use, () Height, () Area, or () Parking. If for area () yard: _____ Front
_____ Side, _____ Rear, () feet, () lot coverage, () width, or () depth.*

Reason for request: Why do you believe that the Zoning Board of Adjustment should approve this request (include grounds for appeal, or reasons for granting the appeal, or special exception, or variance. If hardship is claimed, state the specific hardship.)

Property Description:

Street Address _____

Lot Size _____

Lot Number _____

Zoning District _____

Block Number _____

Addition _____

Mobile Home Size _____

(Must be included for a Special Permit to be granted)

History

Previous Application/Appeal Filed? () Yes () No

Date _____

Results of Appeal _____

Other:

Interest in the property? (Owner, Agent, Lessee, ect.) _____

Approximate cost of work involved? _____

AFFIDAVIT OF OWNERSHIP

THE STATE OF TEXAS) (

COUNTY OF VAL VERDE) (

Before me, the undersigned authority,

Name of Applicant

Personally appeared, and upon being duly sworn by me, stated and deposed under oath that he/she is the true owner of the above described real property, or is the duly authorized agent for the true owner of the above described real property and have filed this application on behalf of said owner.

SUBSCRIBED AND SWORN to before me this

Signature of Applicant

day of _____, _____.

Notary Public

My Commission Expires: _____

FEES

| | |
|----------------------------------|----------|
| Mobile Home – Special Exceptions | \$200.00 |
| Zoning Variances | \$200.00 |
| Administrative Appeal | \$200.00 |

Applicants will not be entitled to a refund if notice has been published in the newspaper as required by the City of Del Rio Code of Ordinances

Any special permit granted by the board of adjustment shall automatically become null and void at the expiration of six (6) months from the date of its issuance if the applicant has not commenced and maintained the use of his property in accordance with said permit

FOR CITY USE ONLY

Date _____ *Invoice Number* _____ *Check or Money Order Number:* _____

Application _____ *Approved* _____ *Denied Date* _____