



CITY OF STAFFORD, TEXAS

APPLICATION FOR VARIANCE

APPLICANT(S) NAME:
MAILING ADDRESS:

PHONE NUMBER(S):

PROPERTY ADDRESS:

LEGAL DESCRIPTION:

REPRESENTATIVE'S NAME:

MAILING ADDRESS:

PHONE NUMBER:

POSITION:

PERTINENT SECTIONS OF
CODE OF ORDINANCES:

SPECIFIC VARIANCE REQUESTED:

DESCRIPTION OF WHY REGULATIONS SHOULD NOT BE APPLIED;
REASONS FOR VARIANCE AND HOW STANDARDS WILL BE MET:

DESCRIPTION OF ACTIONS TAKEN IN ATTEMPT TO COMPLY WITH REGULATIONS: _____

ATTACHMENTS: 1. TITLE POLICY
2. PURCHASE CONTRACT
3. APPLICATION FEE

SIGNATURE OF APPLICANT: _____

DATE SIGNED: _____

DIRECTOR OF PUBLIC WORKS RECOMMENDATION:

APPROVE DENY APPROVE WITH FOLLOWING CONDITIONS:

SIGNATURE: _____ DATE: _____

ZONING ADMINISTRATOR RECOMMENDATION:

APPROVE DENY APPROVE WITH FOLLOWING CONDITIONS:

SIGNATURE: _____ DATE: _____

CITY ATTORNEY RECOMMENDATION:

APPROVE DENY APPROVE WITH FOLLOWING CONDITIONS:

SIGNANTURE: _____ DATE: _____