CITY OF GALVESTON - BUILDING

PO Box 779, Galveston, Texas 77553
Phone: 409/797-3660 Fax: 409/797-3661

Building Board of Adjustments and Appeals

Application Due: _____

Case No.: _____ **Hearing Date:** _____

Please Print or Type

I. APPLICANT INFORMATION

APPLICATION STATUS (Check One): [ ] Owner [ ] Tenant [ ] Prospective Buyer [ ] Contractor

Property Owner must sign the application or submit a notarized letter of authorization.

_____ ( ) _____
Applicant Name Telephone

_____ _____
Mailing Address E-mail Address

OWNERSHIP (Check One): [ ] Individual [ ] Corporation [ ] Partnership [ ] Trust
If ownership is a trust or corporation, list the partners or principle, their address and positions on a separate attachment

_____ ( ) _____
Property Owner Name Telephone

_____ _____
Mailing Address E-mail Address

_____ ( ) _____
Representative Name Telephone

_____ _____
Mailing Address E-mail Address

II. PROPERTY INFORMATION

_____
Street Address/Location

_____
Legal Description (Lot and Block Number)

_____
Present Use and Improvement on Property

Has a previous application been filed on this property? [ ] No [ ] Yes If Yes, Date and Case No.: _____

III. REQUESTED ACTION [ ] Appeal [ ] Variance

Specifically state the Variance requested (i.e., code section, variance appeal)

_____
_____
_____
_____

IV. APPLICANT'S JUSTIFICATION FOR THE REQUEST

_____
_____
_____

ANY OTHER PERTINENT INFORMATION TO SUPPORT SAID REQUEST SHOULD ALSO BE ATTACHED.

ATTEST: I certify that [ ] I am the legal owner or record; [ ] I have secured the property owner's permission and have full authority to make this application and/or appeal.

_____ _____
Printed Name and Signature of Applicant Date

_____ _____
Printed Name and Signature of Property Owner Date

V. APPLICANT CHECKLIST

[ ] Non-Refundable Application Fee $100.00 (payable to the City of Galveston)
[ ] Pending Application
[ ] Manufacture Specification
[ ] Photographs
[ ] Engineer Reports
[ ] Site Plan
[ ] Survey

DEPARTMENTAL USE ONLY
Staff Checklist

APPLICATION ACCEPTED BY: _____ DATE: _____

AMOUNT: _____ REMARKS: _____