



APPLICATION FORM - APPEAL ZONING BOARD OF ADJUSTMENT

Planning and Development Division
823 Rosenberg, 4th Floor, Room 401, Galveston, TX 77550

409/797-3660

planningcounter@galvestontx.gov
www.galvestontx.gov

Zoning Board of Adjustment Meeting Schedule - 2020

Deadline / Meeting	Deadline / Meeting	Deadline / Meeting	Deadline / Meeting
January 12/4.....1/8	April 3/4.....4/8	July 6/3.....7/8	October 9/2.....10/7
February 1/8.....2/5	May 4/8.....5/6	August 7/8.....8/5	November 10/7.....11/4
March 2/5.....3/4	June 5/6.....6/3	September 8/5.....9/2	December 11/4.....12/9

Meetings typically are 4:00pm in City Council Chambers, 2nd Floor of City Hall, 823 Rosenberg. Verify with staff prior to meeting date.

I. PROPERTY INFORMATION

Street Address/Location

Legal Description (Lot Number, Block Number, Subdivision)

Present Use(s) and Improvement(s) on Property

Proposed Use(s) and Improvement(s) on Property

II. APPLICANT INFORMATION

Property Owner Name

Telephone

Mailing Address

E-mail Address

Applicant/Representative Name

Telephone

Mailing Address

E-mail Address

III. TYPE OF REQUEST (If more than one request, a separate application is required for each)

Appeal of Staff Determination

Appeal of Landmark Commission Decision

Other (Please Specify): _____

Applicable section(s) of the Land Development Regulations: _____

IV. APPLICANT'S JUSTIFICATION FOR THE REQUEST - *REQUIRED*

(Attach additional pages if necessary).

V. ACKNOWLEDGEMENTS

I certify that [] I am the legal owner on record, or [] I have secured the property owner’s permission and have full authority to make this application, and that the above information is correct and complete to the best of my knowledge and ability.

Please read and initial below:

- _____ I understand that all documents submitted with this application are subject to open records requests in accordance with the Open Records Act / Texas Public Information Act.
- _____ I understand that receipt of an application does not constitute application completeness and that staff will review the application and return incomplete applications. I understand that application fees are non-refundable once an application has been accepted and processed.
- _____ I understand that if I am not present or represented at the public hearing, the Zoning Board of Adjustment may defer or disapprove/deny the application.

Printed Name and Signature of Applicant

Date

Printed Name and Signature of Property Owner

Date

VI. APPLICANT CHECKLIST

- ✓ All documents should be provided in 8.5” x 11”, or please fold to appropriate size if larger. All drawings must be to scale.
- ✓ Please provide electronic copies, if available. Other pertinent information to support said request should also be attached.

[] **Pre-Application Meeting with City Staff** (Staff initial here if waived: _____)

[] **Narrative** Must identify the action being appealed

[] **Non-Refundable Application Fee \$350.00** (payable to the City of Galveston)