

**CITY OF HIGHLAND HAVEN, TEXAS**

**VARIANCE REQUEST FORM**

Date: \_\_\_\_\_

Property Owner: Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Property Location: Lot# (s) \_\_\_\_\_ Street address \_\_\_\_\_

Requested Variance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City Ordinance Reference: \_\_\_\_\_

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**HARDSHIP VARIANCE WILL OVERCOME (See Ordinance # 56)**

MEDICAL     HEALTH     SAFETY     SECURITY     EXTREME FINANCIAL CIRCUMSTANCES

DETAILED JUSTIFICATION: (Use additional pages if space is needed)

Variance Fee \$ \_\_\_\_\_ Date: \_\_\_\_\_ Check Number: \_\_\_\_\_

Signature (must be property owner) \_\_\_\_\_ Date: \_\_\_\_\_

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**FOLLOWING TO BE COMPLETED BY CITY OFFICIALS:**

Request received by (City Official): \_\_\_\_\_ Date: \_\_\_\_\_

City Variance Request Number: \_\_\_\_\_

P&Z Recommendation:  Approved  Disapproved    Vote: # For \_\_\_\_\_ # Against \_\_\_\_\_ Date: \_\_\_\_\_

Newspaper Name: \_\_\_\_\_ Date: \_\_\_\_\_

#Area Residents Notified: \_\_\_\_\_ Date: \_\_\_\_\_

Replies Received: #For \_\_\_\_\_ #Against \_\_\_\_\_

Public Hearing Date: \_\_\_\_\_ Public Meeting Date: \_\_\_\_\_

Board of Alderman Disposition:  Approved  Disapproved    Vote: For \_\_\_\_\_ Against \_\_\_\_\_

Reason for disapproval: \_\_\_\_\_

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Date Property Owner Notified: \_\_\_\_\_