COMMUNITY DEVELOPMENT DEPARTMENT

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SUBDIVISION VARIANCE APPLICATION

Applicant Information

Applicant (If not owner): _____

Address: _____

Phone: _____ E-mail: _____

Owner: _____

Address: _____

Phone: _____ E-mail: _____

Property Information

Site Address:_____ MCAD Property ID No._____

Legal Description (from deed): _____

Description of Subdivision Variance Request

_____

_____

_____

Detailed Explanation of Subdivision Variance Request

Please answer, on a separate sheet of paper if necessary, the following questions:

What are the special circumstances or conditions affecting the land involved such that the strict application of the provisions of the subdivision code would deprive the application of the reasonable use if their land?

_____

_____

_____

How is the variance necessary for the preservation and enjoyment a substantial property right of the applicant?

_____

_____

_____

Describe how the granting of the variance will not be detrimental to the public health, safety or welfare, or injurious to other property in the area.

_____

_____

_____

Describe how the granting of the variance will not have the effect of preventing the orderly subdivision of the other land in the area in accordance with the provisions of the subdivision code.

_____

_____

_____

Required Application Attachments

The following documentation is required to be attached to this application:

- A copy of a survey map prepared by a licensed surveyor.
- A copy of a 'run sheet' for the property detailing prior deed history, which can typically be obtained at a title company.

Applicant Authorization

I authorize the City of Eagle Pass to conduct any site visits necessary to evaluate this subdivision variance application.

I hereby state that I have prepared this application and that, to the best of my knowledge, the information contained herein is complete, accurate, and a true representation of the subdivision variance request. I further attest that I have the authority to submit this application and agree to comply with any and all conditions if a subdivision variance approval. I agree to provide any additional information requested by the City of Eagle Pass as they deem necessary for the processing of this application.

_____ _____

Applicant Signature Date