PO Drawer 400 ● 2665 San Angelo ● Ingleside, TX 78362
Phone: 361-776-3815 - building@inglesidetx.gov

APPLICATION FOR APPEAL

TO THE BOARD OF ADJUSTMENTS, CITY OF INGLESIDE, TEXAS
In accordance with Article 10, Planning and Zoning Section 10.05, Board of Adjustments of the City Charter; Chapter 2. Sec. 2-81, of Code of Ordinances; and Article 1011g, Vernon's Annotated Texas Civil Statuses, the undersigned submits this request for an appeal of an order requirement, decision or determination made by an administrative official, on the property herein described:
(**Proof of Ownership Must Accompany this Request)**

Property Owner Name: _____

Address: _____

Phone No.: _____

Email Address: _____

Property Description:

Lot: _____ Blk: _____ Subdivision: _____

Lot Size: _____Ft X _____Ft Street name facing location: _____

Current Zoning Classification: _____

Reason for Requesting Appeal (be specific):

_____

_____

_____

_____

_____

I CERTIFY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT. I ALSO CERTIFY THAT I UNDERSTAND THAT ATTENDANCE IS MANDATORY, EITHER BY MYSELF OR A REPRESENTATIVE. I ALSO UNDERSTAND THAT FAILURE TO ATTEND WILL RESULT IN TERMINATION OF PROCESS AND RE-APPLICATION WILL BE REQUIRED.

Date of Board of Adjustment Meeting: _____ Time: _____

Signature of Owner: _____ Date: _____

REQUEST FOR APPEAL: GRANTED: _____ DENIED: _____