*CITY OF PORT ISABEL*

# *BOARD OF ADJUSTMENTS AND APPEALS*

*APPLICANT:* _____
*Print name*

*OWNER:* _____
*Print name*

*BUSINESS:* _____

*MAILING ADDRESS:* _____

*TELEPHONE:* _____ *FAX* _____

*Request the following appeal to be placed on the Board of Adjustments Agenda, meeting to be held on* _____, *20*_____.

*PROPERTY DISCRIPTION:*

*LOT(s) NO.*_____ *BLOCK* _____ *SUBDIVISION* _____

*ST. ADDRESS* _____

*LOT SIZE* _____ *TYPE OF OCCUPANCY* _____

*OTHER DESCRIPTION:* _____

*In accordance with provisions of Section XVI of Ordinance No. 605 adopted by the City of Port Isabel, I hereby appeal to the Board of Adjustments and Appeals for a variance to*_____

_____

_____

*in order that my request be granted.*

*I understand that a Public Hearing is necessary and a $200.00 fee is required. In addition, I agree to pay all other applicable fees and / or additional expenses incur by this request. A $200.00 is herewith enclosed.*

_____ _____

*Signature* *Date*

305 E MAXAN STREET
PORT ISABEL, TEXAS 78578

PHONE: 956 / 943-2682
FAX: 956 / 943-2029