



## CITY OF HALTOM CITY, TEXAS

4801 Haltom Rd, Post Office Box 14246, Haltom City, Texas, 76117-0246, 817/222-7757

### APPLICATION FOR VARIANCE SIGN BOARD OF APPEALS

|                    |                           |
|--------------------|---------------------------|
| <b>Date:</b> _____ | <b>File Number:</b> _____ |
|--------------------|---------------------------|

I, \_\_\_\_\_, the undersigned applicant hereby make application for a  
(please print)

Variance to Ordinance No. \_\_\_\_\_ on the following described property located in the City of Haltom City, Texas.

**Present Zoning:** \_\_\_\_\_

**Address of Property:** \_\_\_\_\_

**Legal Description:** Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Addition: \_\_\_\_\_  
Tract: \_\_\_\_\_ Survey: \_\_\_\_\_ Abstract: \_\_\_\_\_

**Type of Variance:** \_\_\_\_\_

Documents Required: Survey or Site Plan in 11x17 size showing location of sign, distance from property line, property easements and any other structures. Signed completed Sign Permit application. Letter addressed to the Sign Board of Appeals requesting the variance. Photos and engineered drawings of the proposed sign.

Attach all supporting documents as detailed in the attached checklist to this complete signed application. Application fees are due upon submittal. Incomplete applications will be denied.

The undersigned hereby certifies that the above named subdivision and accompanying data is true and correct. All provisions of laws and ordinances governing this variance will be complied with whether specified herein or not. The scheduling of this application on the agenda of the Sign Board of Appeals for consideration does not presume the approval of the above mentioned subdivision.

**Name:**

\_\_\_\_\_  
(signature of applicant) (printed named of applicant) (date)

\_\_\_\_\_  
(address of applicant) (telephone number/Fax)

**Name:**

\_\_\_\_\_  
(signature of owner) (printed name of owner) (date)

\_\_\_\_\_  
(address of owner) (telephone number/Fax)

#### FOR CITY USE ONLY

**Application Fee** (\$300.00) **Received By Staff:** \_\_\_\_\_ **Receipt Number:** \_\_\_\_\_

**Accepted for Completeness by:** **Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EVENT**

**DATE**

**ACTION**

SBA Action: \_\_\_\_\_

Updated 12-10-2025