



Phone: 817-489-2201
Website: www.newarktexas.com

Address: 209 Hudson St.
PO Box 156
Newark, TX 76071

Variance Application

PROPERTY INFORMATION Location of Property: _____ Legal Description: _____ Zoning: _____ Present Use of Property: _____
APPLICANT INFORMATION Applicants Name: _____ Address: _____ Telephone Number: _____
PROPERTY OWNER INFORMATION (if different from applicant) Name: _____ Contact Number: _____ Address: _____
Has a previous application or appeal been filed on the property? Yes _____ No _____ If yes, please provide date and explanation of request & results: _____ _____
VARIANCE REQUESTED: _____ _____ _____
APPLICANT'S REASON FOR REQUESTS: _____ _____ _____ _____

PROPERTY OWNER PLEASE READ AND SIGN:

I certify that I am the legal owner of the property and understand that an application to the governing body of the City of Newark for a variance to the City's Subdivision Regulations or Zoning Ordinance is being made. I understand that a public hearing is required. I hereby certify by my signature below that I have read and understand the regulations and that if there is any information not clearly understood then it is my responsibility to request clarification of such information from the City of Newark. I hereby certify that I have read and examined this application and know the same to be true and correct that I am legally authorized to make this request.

Printed Name _____

Signature _____

State of _____

County of _____

Subscribed and sworn before me, this _____ day of _____ by

_____, who on his /her oath swears that the above statements are true and correct to the best of his/her knowledge.

_____ My Commission Expires: _____

Notary Public

OFFICE USE ONLY

Date application submittal and fees received _____

Board of Adjustment meeting date: _____

BOA Action: Approved or Denied

Vote: _____ For _____ Against _____ Abstain

If denied was an Appeal filed: _____ Date: _____

Appeal results: _____