



Variance Request Form

509 E. CROCKETT LULING, TX 78648
PHONE: (830)875-2481
FAX: (830)875-2038
EMAIL: CECLERK@CITYOFLULING.NET

Please complete and return via email (ceclerk@cityofluling.net) or in person. If more space is needed, use blank sheet(s) and attach. A notarized signature of the property owner is required if the owner is not completing the form.

Date			
Applicant		Phone	

Please indicate your applicant status by selecting and completing the appropriate section below:

- **Owner**
 Check if applicable:
- **Trustee**
 Check if applicable
 List individuals for whom the property is held in trust:

- **Corporation**
 Check if applicable:
 List names and titles of officers or the board of directors:

Ordinance Variance Request:

Does the property currently meet the City of Luling Code of Ordinances? Yes [] No []

Can you comply with the current zoning? Yes [] No []

If no, what is the reasoning?

Property Description:

- **Subdivision Name:** _____
- **Block Number:** _____
- **Lot Number:** _____

If the description is by metes and bounds, please attach a copy of the deed.

Present use of land:

Proposed Development:

Surveyed: Yes [] No []

Applicant & Owner Signatures

- **Signature:** _____ **Signature:** _____

Filing Fee: \$250.00

For Official Use Only (Please do not fill in the section below.)

- **Date Request Received:** _____
- **Date of Board of Adjustments Hearing:** _____
- **Disposition:** _____