



APPLICATION FOR VARIANCE

Town of Westlake * 3 Village Circle #202 * Westlake Tx 76262

Tel: (817) 430-0941 * Fax (817) 430-1812

www.westlake-tx.org

Email: townhall@westlake-tx.org

Office use Only

Case Number: _____ Submittal Date: _____

Fee: _____ Received By: _____

Attached Plan Drawings Written Support

Description of Property

Type of Variance being Requested: _____

Lot Number: _____ Block Number: _____

Subdivision: _____ Acreage: _____

Property Address: _____

General Location: _____

Applicant Information

Applicant's Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Phone # : _____ Fax # : _____

Driver's License #: _____ Expires: _____

Owner Information

Owner's Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Phone # : _____ Fax # : _____

Driver's License #: _____ Expires: _____

Variance Request

Town Standard: _____ Requested Standard: _____

Describe Nature of Hardship: (attached additional sheets if necessary) _____



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Designation of Agent Form

I hereby authorize the person designated below, to act in the capacity as my agent for the application, processing and the representation of this request. The designated agent shall be the principal contact person with the Town of Westlake (and vice versa) in processing and responding to requirements, information requests or other issues relative to this request.

PROPERTY OWNER

Printed Name : _____

Signature: _____

Dated: _____

APPLICANT

Printed Name : _____

Signature: _____

Dated: _____

DESIGNATED AGENT

Printed Name : _____

Signature: _____

Dated: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Phone # : _____ Fax # : _____

Driver's License #: _____ Expires: _____