City of Carrollton
Variance Application

Date of Application: _____ Public Hearing Date: _____

Applicant: _____ Owner: _____
(If other than Applicant)

Address: _____ Address: _____

_____ _____

City: _____ City: _____

State: _____ Zip Code: _____ State: _____ Zip Code: _____

Phone #: _____ Phone #: _____

Mobile #: _____ Mobile #: _____

Email: _____ Email: _____

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

APPLICANT OR A REPRESENTATIVE MUST ATTEND THE PUBLIC HEARING

Present Zoning District: _____ Acreage: _____ Land Lot(s): _____ District(s): _____ Section(s) _____

Location of Property: _____

_____

Type of Variance Requested / Detailed Description: _____

_____

_____

_____

Justification / Reason for Variance Request: _____

_____

_____

☐ Letter of Request Submitted (detailing description of proposed variance);

☐ Six (6) copies of the plat depicting variance request;

☐ Warranty Deed; and

☐ Names & addresses of all adjoining property owners.

☐ $150 Fee Paid *Date Paid:* _____ *Check #:* _____

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*DO NOT WRITE BELOW THIS LINE *

Board of Development Appeals Decision: ☐ APPROVED ☐ DENIED ☐ TABLED

Conditions Imposed:

_____

_____

_____