

400 N. Washington
Beeville, TX 78102
361-358-4641 Office
361-362-9013 Fax

City of Beeville



Board of Adjustment Application

1. Applicant

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Fax: _____
E-mail: _____

2. Property Owner

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Fax: _____
E-mail: _____

3. Legal Description

Street Address: _____
Subdivision Name: _____
Block: _____
Lot: _____

4. List the specific ordinance section(s) indicated for variance request.

5. State the grounds for the request and detail any special conditions which cause hardship that in your opinion justify the variance(s) you are requesting.

Attach a detailed diagram of the site drawn to scale, and any other drawings or photographs necessary to help explain the case to the Board.

OFFICE USE ONLY

Date of Next Meeting: _____
Date of Public Hearing Notice in the Paper: _____
Ordinance Number: _____ Section: _____
Approved/Denied on: _____
Approved/Denied by City Council on: _____