



**CITY OF HASLET
VARIANCE APPLICATION**

Date Submitted _____

VARIANCE REQUESTOR _____

Address _____

Telephone Number _____ FAX _____

Property Description: Subdivision Name _____

Lot _____ Block No. _____ Acreage _____

REQUESTING APPROVAL FOR VARIANCE:

Requested variance:

Reason for variance request:

PROPERTY OWNER INFORMATION

(for multiple owners - submit information on each owner)

Name _____

Address _____

Telephone Number _____ Email _____

If the property owner(s) is (are) represented by an authorized agent, please complete the following:

Agent Name _____ Agent's Title _____

Agent's Address _____

Agent's Telephone Number _____ FAX _____

OWNER CERTIFICATION

This is to certify that _____,
(when owner(s) is/are an individual(s))

the undersigned, is/are the sole owner(s) of the property described above on the date of this application.

Owner Signature

Owner Signature

This is to certify that _____
(Owner(s) or corporation name)

acting by and through the undersigned, its duly authorized agent, is/are the sole owner(s) of the property described above on the date of this application.

(Print Agent's Name)

Agent's Signature

Date received _____

Total Fees Collected _____

Received by _____