

**FOR OFFICIAL USE ONLY**

**APPLICATION DATE:** \_\_\_\_\_ **FILE NO.** \_\_\_\_\_

**HEARING DATE:** \_\_\_\_\_ **PLANNING AREA:** \_\_\_\_\_ **ZONING:** \_\_\_\_\_

**VARIANCE FEES:** \$ \_\_\_\_\_ **DATE PAID:** \_\_\_\_\_ **RECEIVED BY:** \_\_\_\_\_

**City of Wimberley  
APPLICATION FOR VARIANCE**

**OWNER/AGENT INFORMATION**

1. Owner's Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Business Phone: ( ) \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_  
Fax: ( ) \_\_\_\_\_

Current Mailing  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email: \_\_\_\_\_

2. Agent's Name: \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_  
(Must be accompanied by letter of authorization from owner) Cell: ( ) \_\_\_\_\_

Current Mailing  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email: \_\_\_\_\_

**PROJECT DATA**

1. Property ID#: R \_\_\_\_\_ (Appears on your Tax Statement) Present Zoning: \_\_\_\_\_

Street Address of Project: \_\_\_\_\_ Wimberley, Texas 78676  
(Note: If you do not have an assigned street address, please call 512-393-2160 Directions to Project)

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Recorded in Vol. \_\_\_\_\_ Page \_\_\_\_\_

2. IS PROPERTY IN AN OVERLAY DISTRICT? YES \_\_\_\_\_ NO \_\_\_\_\_ UNKNOWN \_\_\_\_\_  
TYPE OF OVERLAY ZONE(S) (if applicable) \_\_\_\_\_

**Project Data (Continued)**

3. FLOOD PLAIN (What, if any, flood zone does your property Occupy?): \_\_\_\_\_

4. WASTEWATER SYSTEM: ( ) Septic; ( ) Aqua Utility; ( ) GBRA  
HAYS COUNTY SEPTIC PERMIT NUMBER (if applicable): \_\_\_\_\_

5. Directions to your Project: \_\_\_\_\_

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**Please clearly mark your property so it is easily identifiable.**

**SPECIFIC SECTIONS OF ZONING ORDINANCE NO. 2001-010 FOR WHICH A VARIANCE IS REQUESTED:**

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**REASON FOR NEED OF VARIANCE (Attach separate sheet if necessary)**

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**ACKNOWLEDGMENT OF EXISTING  
Subdivision Plat Notes, Deed Restrictions Restrictive Covenants  
and/or Zoning Conditional Use Permits**

I, the Applicant herein, have checked the subdivision plat notes, deed restrictions, restrictive covenants and/or zoning conditional use permits prohibiting certain uses and/or requiring certain development restrictions (for example, height, access, screening) on the property for which a variance is now being considered on my behalf.

If a conflict should result with the request I am submitting to the City of Wimberley due to subdivision plat notes, deed restrictions, restrictive covenants and/or which do not conform with the City ordinances, it will be my responsibility to resolve it. I also acknowledge that I understand the implications of use and/or development restrictions that are a result of subdivision plat notes, deed restrictions, restrictive covenants and/or zoning ordinances.

I understand that if requested, I must provide copies of any and all subdivision plat notes, deed restrictions, restrictive covenants and/or zoning conditional use permit information, which may apply to this property.

Date: \_\_\_\_\_ APPLICANT \_\_\_\_\_  
SIGNATURE \_\_\_\_\_

WHEN APPLICABLE:

Date: \_\_\_\_\_ AGENT \_\_\_\_\_  
SIGNATURE \_\_\_\_\_

**SITE INSPECTION AUTHORIZATION**

Applicant/owner, or Applicant's authorized agent, hereby authorizes the City of Wimberley Board of Adjustment Members and City representatives to visit and inspect the property for which this application is being submitted.

Date: \_\_\_\_\_ APPLICANT \_\_\_\_\_  
SIGNATURE \_\_\_\_\_

WHEN APPLICABLE:

Date: \_\_\_\_\_ AGENT \_\_\_\_\_  
SIGNATURE \_\_\_\_\_

**SUBMITTAL CHECKLIST**

**TO ENSURE THAT YOU HAVE COMPLIED WITH THE VARIANCE APPLICATION REQUIREMENTS, REVIEW THE FOLLOWING LIST. GRANTING OF A VARIANCE IS CONDITIONAL ON MEETING THE FOLLOWING REQUIREMENTS:**

**FAILURE TO COMPLY WITH THE REQUIREMENTS MAY CAUSE A DELAY IN PROCESSING YOUR APPLICATION.**

- ( ) Complete “Application for Variance”
  - ( ) Provide plat map of property to which variance applies.
  - ( ) Provide names and addresses of property owners within 200 feet of any portion of Applicant’s property.
  - ( ) Provide a legal description of the property to which variance applies.
  - ( ) Sign/date Submittal Verification form.
  - ( ) Sign/date Site Inspection Authorization form.
  - ( ) Sign/date Acknowledgement Form.
  - ( ) Pay Variance Fee (this fee is based on the cost of services incurred by the City of Wimberley in reviewing, processing and recording this variance request).
  - ( ) Applicant agrees to attend the Board of Adjustment Public Hearing.
  - ( ) **I have reviewed the Conditions Required and believe they are met:** (Wimberley Zoning Ordinance No. 2001-010, Section 10) No variance shall be granted without first giving public notice and conducting a public hearing on the variance request in accordance with Section 10.8, and unless the Board of Adjustment makes specific, written findings of fact as follows:
    1. That there are special circumstances or conditions affecting the property involved such that the strict application of the provisions of the Zoning Ordinance would (a) deprive the applicant of the reasonable use of the property; and (b) create an unnecessary hardship in the development of the property; and
    2. That such circumstances and conditions are (a) not self-imposed; (b) not based solely on economic gain or loss; and (c) do not generally affect most properties in the vicinity of the property.
    3. The variance is necessary for the preservation and enjoyment of a substantial property right of the applicant;
    4. The variance if granted will not: (a) adversely affect the public health, safety or welfare; (b) be contrary to the public interest and (c) be injurious to or adversely affect the orderly use of other property within the area;
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5. The property involved is otherwise in compliance with all other applicable City ordinances, rules and regulations; and

6. The granting of the variance will be in harmony with the spirit and purpose of this ordinance.

**Special Circumstances:**

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**SUBMITTAL VERIFICATION AND/OR WAIVER OF APPEARANCE**

My signature attests to the fact that the attached application package is complete and accurate to the best of my knowledge. I understand that City review of this Application is dependent upon the accuracy of the information provided and that any inaccurate or inadequate information provided by me, my firm, or agent, may delay the review of the Application.

Date: \_\_\_\_\_

APPLICANT \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**WHEN APPLICABLE:**

Date: \_\_\_\_\_

AGENT \_\_\_\_\_

SIGNATURE \_\_\_\_\_