

Variance: _____
(Variance Requested)

(Submittal Date – Office Use Only)

INSTRUCTIONS:

- **Apply online at www.mygovernmentonline.org. Provide 1 hard copy of the submittal package to Development Services Intake staff, 512-401-5100**
- Fill out the following application and checklist completely prior to submission.
 - The most current application is located on the City’s website (www.cedarparktexas.gov) for your reference as well as **online at www.mygovernmentonline.org.**
- Place a check mark on each line when you have complied with that item.
- Submit the completed application package and all subsequent documentation and updates by:
Uploading to www.mygovernmentonline.org (preferred) or providing hard copies to Development Services Intake / 450 Cypress Creek Road, Building 2 / Cedar Park, TX 78613

REQUIRED ITEMS FOR SUBMITTAL PACKAGE:

The following items are required in order for the variance application to be accepted.

- ___ 1. Letter to Board of Adjustment signed by owner in which written appeal states all facts and circumstances making a variance or special exception necessary.
- ___ 2. A Word document of labels containing property owners and their mailing address along with property ID numbers for property located within 200 feet of boundaries of the subject property. Also include a location map and key showing the notification boundaries and numbered key listing the names and property ID. Also provide electronic version of the property owner list in WORD format. **[Provide mailing labels for property owners.](#)**
- ___ 3. Number of property owners to be notified: _____.
- ___ 4. A fee of \$3.00 per property owner as listed in Item 2 must be included with the filing fee. The requested property owner listing should be obtained from the Williamson Central Appraisal District (WCAD). (This fee is required to provide legal notification to surrounding property owners.)
- ___ 5. Two prints of the site plan.
Site Plan or plot plan of property must include north arrow, scale, dimensions, setbacks, property lines, easements, right-of-way, adjacent streets, and any other information to assist in consideration of request.
- ___ 6. Photographs and/or drawings to support request.
- ___ 7. Application fee: \$200
Professional Fee: \$200 non-refundable base professional fee recovery*
*Additional fees may be charged for professional expenses incurred (Ordinance CO-01-01-25-M.1.)
- ___ 8. Tax certificates: County ___ School ___ City ___ ACC ___
- ___ 9. Additional support information: _____

Fee Summary:

| | |
|-----------------|-----------------------------|
| \$ _____ | Property Owner Notification |
| \$ _____ | Application Fee |
| \$ _____ | Professional Fee |
| \$ _____ | Total Fees |

A special-called meeting will be scheduled for the Board of Adjustment after the application has been received and notification requirements have been met.

Variance Application:

1. Ownership Information:

Name of Property Owner(s): _____

(If property ownership is in the name of a partnership, corporation, joint venture, trust or other entity, please list the official name of the entity and the name of the managing partner.)

Address of Owner: _____

Phone Number: _____

Email Address: _____

I hereby request that my property, as described above, be considered for rezoning:

Signed: _____

Date: _____

2. Nature of Request:

The above named applicant hereby requests a variance from the following portion of the City of Cedar Park Code of Ordinances:

Chapter _____

Section _____

Current zoning of property: _____

Legal description: _____

Brief explanation of request:

3. Agent/Applicant Information:

If an agent/applicant is representing the owner of the property, please complete the following information:

Agent/Applicant's Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Mobile Number: _____

Email Address: _____

I hereby authorize the person named above to act as my agent/applicant in processing this application before the Board of Adjustment of the City of Cedar Park:

Owner's Signature: _____

Date: _____

I hereby certify that the above information provided to the City of Cedar Park is true and accurate and that I am the owner of the above described property.

Owner's Signature

Date

Do Not Write Below This Line - Staff Will Complete

Tax Certificates: County ___ School ___ City ___ ACC ___

List of property owners within 200 Feet: ___

All Fees Paid: Filing ___ Mail Out Costs ___

Accepted for filing by: _____
Name *Date*

Hearing Date before Board of Adjustment: _____

Action: _____