



City of Leander Planning Department
 104 North Brushy Street
 PO Box 319
 Leander, Texas 78646-0319
 Fax (512) 528-2729
www.leandertx.gov

Project Name: _____

Submittal Date: _____

File #: _____
 (City will assign)

SUBDIVISION VARIANCE OR WAIVER

APPLICATION & CHECKLIST

PLEASE SCHEDULE AN APPOINTMENT WITH THE PLANNING DEPARTMENT TO SUBMIT THIS APPLICATION:

Ellen Pizalate
 Planning Technician
 512-528-2750
epizalate@leandertx.gov

Robin Griffin
 Planner
 512-528-2763
rgriffin@leandertx.gov

INSTRUCTIONS

- A variance request should be submitted at least four weeks prior to a meeting of the Board of Adjustment, Planning & Zoning Commission or other body authorized to consider such variance to provide for adequate time for staff review and analysis.
- Fill out the following application and checklist completely prior to submission.
- Use the most current application from the City's website (www.leandertx.gov) or at City Hall.
- City ordinances can be obtained at our website or City Hall.

TYPE OF VARIANCE (CHECK APPROPRIATE BOX):

- Subdivision:** _____
 Name of Subdivision
- Other:** _____
 Identify

REQUIRED ITEMS FOR SUBMITTAL PACKAGE:

The following items are required to be submitted to the Planning Department in order for the Variance Request to be accepted for review.

- ___ 1. Completed and signed application/checklist.
- ___ 2. One set of mailing labels to notify owners of property (as determined by the most recent tax rolls from the County Appraisal District) any part of which is located within 200 feet of the perimeter of the land for which the variance is requested.
- ___ 3. A tax map or maps highlighting the subject property and showing the line extending 200 feet from the perimeter of the subject property.
- ___ 4. Letter of intent describing the proposed appeal and stating the reasons/justification for request.
- ___ 5. Copy of current deed for subject property.
- ___ 6. Filing Fee (calculation listed below)

FILING FEE CALCULATION:

Filing Fee:	\$ 250.00
Owner Notification Fee – \$5.00 per owner notification:	\$ _____
Notification Sign – \$30.00 per sign (one sign at edge of the roadway frontage with signs no more than 300' apart along frontage)	\$ _____
Public Hearing Notification	\$ 150.00
Professional Recovery Fee	\$ 250.00
TOTAL FEE (due at the time of application submission)	\$ _____

PROPERTY INFORMATION:

Property Address: _____

Property Acreage: _____

Legal Description: _____

County Short ID#: _____

APPLICANT INFORMATION:

Please Note: The signature of owner authorizes City of Leander staff to visit and inspect the property for which this application is being submitted. The signature also indicates that the applicant or his agent has reviewed the requirements of this checklist and all items on this checklist have been addressed and complied with.

The agent is the official contact person for this project and the single point of contact. All correspondence and communication will be conducted with the agent. If no agent is listed, the owner will be considered the agent.

(Check One):

___ I, the owner, will represent this application with the City of Leander.

___ I, the owner, hereby authorize the person named below to act as my agent in processing this application with the City of Leander.

OWNERSHIP INFORMATION:

Property Owner: _____ Phone: _____ Fax: _____
(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: _____ City: _____ State: _____ Zip: _____

Email: _____ Mobile: _____ Pager: _____

I hereby request that my property, as described above, be considered for a variance and I give City Staff and elected or appointed representative's permission to visit the site described in this application:

Owner's Signature: _____ **Date:** _____

AGENT INFORMATION:

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

Project Agent: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Mobile: _____ Pager: _____

I hereby authorize the person named above to act as my agent in processing this application:

Owner's Signature: _____ **Date:** _____

I hereby attest that I prepared this application / checklist and that all information shown hereon is correct and complete to the best of my knowledge.

Signature

Name (printed)

Date

Do Not Write Below – Staff Use Only

Accepted for Processing by: _____ Date: _____

Date of Public Notification in Newspaper: _____

Date of Public Hearing: _____

