



SIGN APPEAL TO THE BOARD OF ADJUSTMENT

SIGN APPEAL
APPEAL NO.: _____

FILING FEE \$265.00
RECEIPT NO. _____
RECEIPT DATE: _____

PLEASE TYPE OR PRINT USING BLACK INK

APPEAL LOCATION:

Street Address: _____ Zoning District: _____
Lot Number: _____ Block: _____ Addition: _____

TO THE HONORABLE BOARD OF ADJUSTMENT:

(Applicant) (Applicant Phone Number)

(Applicant Street Address City State Zip)

In accordance with the provisions of the Sign Ordinance, appeal is now made to the Honorable Board of Adjustment to grant the following variance request. (Please be specific)

A variance shall not be granted to relieve a self-created or personal hardship, nor shall it be based solely on economic gain or loss. No variance shall be granted if it conflicts with the spirit of the ordinance. In order to make a finding of hardship and to grant a variance, the Board of Adjustment shall consider the following conditions:

a. The requested variance does not violate the intent of the ordinance:

b. The requested variance will not adversely affect surrounding properties:

c. The requested variance will not adversely affect public safety:

d. Special conditions exist which are unique to this applicant or property:

e. Is the denial of the variance going to cause a substantial burden on religious activities of the property owner/user? Circle one: Yes / No (If Yes, see question (f.))



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f. If yes, please explain how the denial of the variance will cause a burden on religious activities of the property owner/user?

The undersigned officer(s) and/or agent(s) of the property owner(s) are the properly authorized officials and by signing below have the necessary authority to execute this application on behalf of applicant hereto.

Name	Address	City	State	Zip	Date
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PLEASE CHECK ONE:

- _____ I will represent this variance request at the Board meeting
- _____ I will not be able to represent this variance at the Board meeting. My authorized representative who will represent this variance before the Board of Adjustment is:

Name	Address	City	State	Zip	Date
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NOTE TO APPLICANT:
A notice of meeting will be sent only to the applicant, or to the authorized representative, if one is designated. If the variance is denied, it may be two years before the variance can be reheard. The decision of the Board of Adjustment shall be final on all sign cases. Refer to The City of Plano Zoning Ordinance: Article 6, Section 6-209(3) to appeal the decision of the Board regarding a zoning case. _____ (initial)

I hereby certify that the above statements are true and correct to the best of my knowledge. I acknowledge that I may withdraw my application prior to it being presented to the Board. To resubmit the application I understand I will need to submit another application fee. _____ (initial)

Applicant's Signature

Please Print Name

STATE OF TEXAS
COUNTY OF COLLIN

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public

(Seal) My commission expires: _____