

**CITY OF POST OAK BEND**  
**APPLICATION FOR VARIANCE,**  
**ZONING CHANGE OR SPECIAL USE**  
**PERMIT**

Application Information:

Name: \_\_\_\_\_

Relationship to Owner of Property \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Legal Description of Property Involved (Include Lot, Block, Subdivision Name, or  
CAD Tract) \_\_\_\_\_

Legal Owner of Property Involved: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

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If temporary request, please provide dates \_\_\_\_\_, and sign promise to remove by \_\_\_\_\_.

\_\_\_\_\_  
Signature of Legal Owner of Property \_\_\_\_\_ Date

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_ Date

\_\_\_\_\_  
City Office Use Only

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

\$250 Application Fee (includes advertising) \_\_\_\_\_ Check # \_\_\_\_\_ or Cash \_\_\_\_\_

Planning & Zoning Public Hearing (15 days prior)

P&Z Hearing Notice Published (15 days prior)

P&Z Neighborhood Notices (15 days prior)

City Council Public Hearing

City Council Notice Published (15 days prior)