

## City of San Angelo, Texas – Planning Division 52 West College Avenue



## **Application for Interpretation of the Zoning Ordinance**

Section 1: Basic Information				
Name of Applicant(s):				
☐ Owner	☐ Representative (Notarized Af	fidavit Required)		
Mailing Address	C	City	State	Zip Code
Contact Phone Number	Contact E-r	mail Address		
Subject Property Address	C	City	State	Zip Code
*Legal Description (can be found on property to	ax statement or at <u>www.tomgreencac</u>	d.com)		
Existing Zoning:				
(Zoning Map available on City Maps)				
*Use separate attachment if necessary				
Section 2: Details				
Ordinance section(s) for which interpretation is	needed:			
Specific description of request for interpretation	n:			

Section 3 continued: Applic	ant(s) Acknowledgement
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(Please read carefully)

If I wish to appeal this interpretation to the Zoning Board of Adjustment. I understand that this Board is required by law to review the interpretation and public testimony in light of the:

- 1. Comprehensive Plan
- 2. Zoning Ordinance
- 3. Official Zoning Map
- 4. Any other applicable land use policies adopted by the Planning Commission or City Council.

I understand that the Zoning Board of Adjustment is required to affirm, modify or reverse the decision of the Planning Manager in interpreting the provisions of the Zoning Ordinance and the Official Zoning Map.

I understand that the Zoning Board of Adjustment shall modify or reject the interpretation only if it is not supported by substantial competent evidence or if the interpretation is deemed contrary to the intent and purpose of the Comprehensive Plan, the Zoning Ordinance, or the Official Zoning Map.

Owner Name (Print)	Signature	Company/Organization (If Applicable)	Date
Representative Name (Print)	Signature	Company/Organization	Date
FOR OFFICE USE ONLY:  ☐ Verified Complete ☐ Veri	fied Incomplete		
Case No.:	(Director will fill out)	Date of Application://	
Nonrefundable fee: \$	Receipt #:	Date paid:/	/
Interpretation mailed on:		Appeal heard on:/	
Decision rendered on appeal:	□ N/A -OR		
		2.	