Planning Department
Variance Request Application

Submit this application and the appropriate (completed) documents to the Planning Department at the City Hall Annex, located at 2220 Fourth Street. See the attached schedule for submittal deadlines. Contact 832-595-3500 for assistance.

Project Name:_____

Date:_____

Applicant / Project Manager's Information (Primary Contact for the Project):

    Contact & Company: _____

    Street Address: _____ City: _____

    State: _____ Zip Code: _____ E-Mail Address: _____

    Phone Number: _____ Fax Number: _____

Property Location:

    ☐ City   ☐ Extraterritorial Jurisdiction

    Geographic Location (List major streets, bayous, creeks, and adjacent subdivisions):

    _____

    _____

Requesting Variance from {i.e. Subdivision Regulations; Section 25-65(b)(1)}:

    _____

Submittal Fees:

    ☐ Variance $200.00

Pursuant to Sec. 25-8 of the Rosenberg Code of Ordinances, the applicant has the responsibility of proving that compliance with the Ordinance will create undue hardship*, and the following conditions <u>must</u> be present for consideration:

1. There are special circumstances affecting the land involved such that the strict application of the provisions of this ordinance would deprive the applicant of the reasonable use of this land.

2. The granting of the variance will not be detrimental to the public safety or welfare or injurious to other property in the area.

3. The granting of the variance will not have the effect of preventing the orderly subdivision of other lands in the area in accordance with the provisions of this ordinance.

4. A more appropriate design solution exists which is not currently allowed in this ordinance.

* Economic hardship (financial impact) to the subdivider, standing alone, shall not be deemed to constitute undue hardship.

No variance will be granted unless an undue hardship exists. No application will be deemed complete unless the applicant has explained in detail and demonstrated that <u>ALL FOUR</u> conditions have been met. On a separate sheet, please clearly label by number the condition, and then proceed to demonstrate in writing how this application meets each condition.

This is to certify that the information on this form is complete, true, and correct and the undersigned is authorized to make this application.

_____   _____

Signature of Applicant   **Date**