

Date to appear before: P&Z:

TOWN OF DOUBLE OAK 320 Waketon Road Double Oak, Texas 75077 P: 972-539-9464 F: 972-539-9613 permits@doubleoak.texas.gov

Building Permit Application Request for Variance

PERMIT # DATE: / /

	- (A I: .: (I I:I .:		
ſ	Type of Application (check the appropriate box) ☐ Zoning ☐ Sign ☐ Subdivision	□ Other	
	Property Owner and Authorization (sign and notarize		
	Property Owner and Authorization (sign und noturize	<i>:</i> /	
(Company Name)		(Email)	
(Physical Address)	(City)	(State)	(Zip Code)
(Mailing Address)	(City)	(State)	(Zip Code)
(Property Owner Name)	(Phone)	(Fax)	
	General Description/Reason of Request (complete the following)	owing)	
	Subject Property Information: (complete the following	a)	
		,	
(General location, street addres	s if known; if not known, provide name of street fronting property and	name and distance to nearest cross street)	
(,	, , , , , , , , , , , , , , , , , , ,	,	
(Subdivision	n Name) (L	ot #) (Block	· #)
Items Required with Submittal (please check the boxes to indicate items s		itted with the application)	
•	signs or any other documents deemed necessary.)
permits@doubleoak.texas.gov)			
□ 2) Submit Application Fee (\$150.00)			
Engi	neering fees will be billed separate from the app	dication for	
	ir designated representative will be responsible	_	
• •			
	ecord of the property or that I have secured the formation concerning this request for variance is		s shown on
the attached amuavit and that the in	iornation concerning this request for variance is	true and correct.	
APPLICANT'S SIGNATURE		DATE	
	<u> </u>		
RECEIVED BY		DATE RECEIVED	
	******* For Office Use Only *****	****	
Paid: \$	Receipt #:	Date:	
Application Complete: Y/N	·		

TC:

BOA: