



**City of Coppell**  
**Building Inspections Dept.**  
265 E. Parkway Blvd  
Coppell, TX 75019

Phone: (972) 304-3500  
Fax: (972) 462-5318  
E-mail: inspect@coppelltx.gov

**APPLICATION**  
**REQUEST FOR VARIANCE - BOARD OF ADJUSTMENT**

**Date:** \_\_\_\_\_

I, the undersigned owner or \_\_\_\_\_ (option-holder, etc.), of the following described real property located in the City of Coppell, Texas, hereby make application for a request for a variance from the terms of Section \_\_\_\_\_ of the City of Coppell Zoning Ordinance. The current zoning of my property is: \_\_\_\_\_.

**PLEASE NOTE:** The Board of Adjustment is not authorized to consider cases in districts zoned as Planned Development (PD), with the exception of fence variances.

**LOCATION OF PROPERTY**

**Street Address:** \_\_\_\_\_

**REQUEST:** (If there is additional information that you feel would be helpful to the Board in making a decision, please include this information in your request.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Before your application will be considered by the Board, the attached checklist must be completed.

A non-refundable application fee of \$50.00 is required at the time of application. A deposit of **\$50** is also required at the time of application. The deposit is charged for the variance sign that will be placed in your yard. You are responsible for returning the sign to the Building Inspections Department, 265 Parkway Boulevard, following the hearing. The deposit will be returned to the applicant if the sign is returned undamaged.

I have read this application form and understand that filing the application and paying the fees does not guarantee an affirmative action by the Board of Adjustment. I further understand that at least four (4) affirmative votes must be cast in order to receive a variance.

Staff Member's Signature	Date	Receipt Number
Signature of Applicant	Print name	
Mailing address	Phone (Home)	Phone (Daytime)

**CHECKLIST**  
**REQUEST FOR A VARIANCE - BOARD OF ADJUSTMENT**

To assist Board of Adjustment in establishing the information necessary to make a decision regarding the request for a variance, please complete the following checklist:

1. Is your land or your building different from others around you? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain how.

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2. Is your land or building useful for any purpose without the variance requested?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain why not.

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3. Is there a property hardship associated with this particular parcel? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain the hardship.

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4. Is there any reason that you would be unable to comply with the Ordinance provisions if the variance was denied?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain why.

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5. Does the property surrounding you have different zoning requirements? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what are they?

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6. Are there any special conditions where a literal interpretation of the Ordinance would result in an unnecessary hardship? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what are they?

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7. Will traffic conditions be affected by the requested change? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how?

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In order to be assured of a fair hearing, it is important that the applicant furnish as much information to the Board as possible, in the form of site plans, elevations, photographs, renderings, and any other supporting evidence. Incomplete submittals will result in a recommendation by staff for denial. Economic hardship is insufficient for approval of a variance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date