



CITY OF SAN ANTONIO
DEVELOPMENT SERVICES DEPARTMENT

REQUEST FOR A PARKING ADJUSTMENT
to the
SAN ANTONIO BOARD OF ADJUSTMENT

CITY OF SAN ANTONIO
COUNTY OF BEXAR
STATE OF TEXAS

TO THE HONORABLE BOARD OF ADJUSTMENT:

Property Description:

Lot _____

Block _____

NCB _____

Zoning _____

Property Address: _____

(If more space is needed for legal description, please attach field notes or separate sheet.)

The Applicant, _____, of _____ County, requests the San Antonio Board of Adjustment consider a parking adjustment for the property identified above, pursuant to Section 35-526 (b)(7) of the Unified Development Code (UDC).

Section 35-526 (b)(7) The Board of Adjustment may adjust the minimum or maximum parking requirements based on a showing by the applicant that a hardship is created by a strict interpretation of the parking regulations. Any adjustment authorized by the Board of Adjustment shall apply only to the use in the original certificate of occupancy.

In the space below, please state the reason for the request, along with specific details on the proposed adjustment:

By signing below, I acknowledge that I have read and understand the aforementioned section of the Unified Development Code pertaining to parking adjustments.

Respectfully submitted:

Applicant's name: _____

Status: Owner () Agent ()

Mailing address: _____ City _____ State _____ Zip _____

Telephone: (Home) _____ (Work) _____

Other phone: _____ Email: _____

Applicant's signature

Date

Representative's name: _____

Mailing address: _____ City _____ State _____ Zip _____

Telephone: (Home) _____ (Work) _____

Other phone: _____ Email: _____

Name of Property Owner: _____

Mailing address: _____ City _____ State _____ Zip _____

Telephone: (Home) _____ (Work) _____

Other phone: _____ Email: _____

AFFIDAVIT

Signature of Property Owner

I, _____, the owner of the subject property, authorize _____ to submit this application for a variance from the Unified Development Code of the City of San Antonio. I also authorize _____ to represent me in this variance request before the Board of Adjustment.

Property Owner's Signature

Date

Please submit:

Filing Fees:

Homestead-\$400.00

Non-Homestead-\$600.00

If not applying online through BuildSA, a \$10.00 Convenience fee will be added.

Check made payable to: **City of San Antonio**

Current Bexar County Appraisal Records

Site Plan

Warranty Deed and Proof of Ownership

Required Acknowledgements

Please read the following statements carefully and initial on the respective line. By placing your initials next to the statements below, you, **the property owner**, are stating that you agree with and will abide by these requirements (please initial acknowledging adherence).

Initial

_____ By filing this request for a variance, I understand that any construction that requires said variance shall cease until such time that the variance is approved, if applicable. Should the Board of Adjustment deny the request, I may pursue an appeal or bring my property into compliance in accordance with any and all City codes **within 30 days**.

_____ I understand that prior to the hearing of this case by the Board of Adjustment, staff will conduct a thorough site visit in order to take photographs of the property for use at the public hearing. This site visit may necessitate complete access to the subject property. Staff will make a reasonable attempt to contact the property owner 24 hours prior to visiting the site. I understand that it is my responsibility to ensure that conditions at the subject site will not create a hindrance to city staff. If site conditions are not conducive to staff completing the necessary task during the site visit, your case may be delayed.

_____ Any exhibits submitted by the applicant (audio, visual, document, or otherwise) must be submitted to staff at least 24 hours prior to the public hearing and must be made part of the official record and will not be returned.

_____ Refunds will be issued in accordance with the department cash handling policy and will be subject to a \$100 processing fee. This fee is charged for all refund requests. Refunds may only be issued if request is submitted prior to the case being published in a newspaper of general circulation.

_____ In case of conflict, the English version of all documentation will govern. You acknowledge receipt of this application written in the English language, with the Spanish language text where applicable, and the important terms herein. Some future correspondence may only be available/provided in English. **(En caso de un conflicto de interpretación, la versión en inglés de toda documentación gobernará. Usted reconoce el recibo de esta solicitud escrita en el idioma inglés, con texto en español donde aplica y de los terminos importantes. Algúna correspondencia futura podría ser disponible/proveado a solamente en inglés.)**

Language interpreters are available and must be requested 48 hours prior to the meeting. For more information or to request an interpreter, call Kristie Flores at (210) 207-5876.

Hay servicios de traducción simulatánea disponibles. Estos servicios deben ser pedidos con 48 horas de anticipación. Para más información o para servicios de traducción, Kristie Flores al (210) 207-5876.

AN APPLICATION CAN BE ACCEPTED BY MAIL ONLY IF COMPLETE. INCOMPLETE APPLICATIONS, ALONG WITH ANY SUBMITTED FEES, WILL BE MAILED BACK TO THE APPLICANT IN ACCORDANCE WITH CITY CASH HANDLING POLICIES.