Board of Adjustment Application

City of Texarkana, Arkansas

Mailing Address:	Phone: (870) 779-4971	Physical Address:
PO BOX 2711	Fax: (870) 773-2395	216 WALNUT ST
TEXARKANA AR 75504-2711	Website: www.txkusa.org/ar	TEXARKANA AR 71854-6024

Application Number: _____ **Receipt Number**: _____

Public Hearing Date: _____ **Application Date**: _____

Agenda Deadline: _____ **5:00 p.m.**

Applicant: _____

Mailing Address: _____

Email Address: _____

Telephone: (**Home**) _____ (**Work**) _____ (**Cell**) _____

Legal Description: _____

Street Address: _____

NOTICE: Request can be made ONLY on existing zoning and conditions.
Exception: rezoning previously approved by the Board of Directors.

Request:

☐ Variance from the bulk and area provisions of the Zoning Ordinance (Number K-286). ☐ $100.00

☐ Appeal from the decision of the administration officers in respect to the application and enforcement of said ordinance. ☐ $100.00

☐ Interpretation of zoning district boundaries on the Official Zoning Districts Map where such boundaries are not accurately described. ☐ $100.00

Applicants Request:

Please explain the special conditions and circumstances that exist which are not applicable to other lands, structures or buildings in the same zoning district; that literal interpretation of the provisions of the Zoning Ordinance would deprive you of rights commonly enjoyed by other properties in the same zoning district under the terms of the Zoning Ordinance; that special conditions and circumstances do not result from your actions; and that granting the variance requested will not confer on you any special privilege that is denied by this Zoning Ordinance to other lands, structures, or buildings in the same zoning district.

_____

_____

_____

Staff Comment:

Notification Documentation:

- ☐ Affidavit Certification Executed
- ☐ List of Property Owners Within 100-foot Notification Area
  - ☐ A. Legal Descriptions
  - ☐ B. Mailing Addresses
  - ☐ C. Location Map delineating 100-foot Notification Area

Proof of Ownership or Leasehold Interest:

- ☐ Deed
- ☐ Executed Offer/Acceptance Contract
- ☐ Executed Option Agreement
- ☐ Executed Lease

Signature of Applicant

If Your Application Is Approved, You Will Need Additional Permits. Contact the Building Official's Office at 870-779-4971 or nina.walker@txkusa.org

STATE OF ARKANSAS §

§ Attachment to Application

COUNTY OF MILLER § Number: ____-_____-____

AFFIDAVIT

(Certificate of Adjacent Property Ownership)

KNOW ALL MEN BY THESE PRESENTS:

That I, _____, representing the Applicant/Owner herein, make application for a variance before the Texarkana, Arkansas Board of Adjustment certain parcel of land at _____ in the City of Texarkana, Arkansas, and
(Street Address)

More particularly described as

_____

_____

_____

do hereby certify that the attached list of real property owners is a true and correct representation of all of the owners of real property located within a 100 foot radius of the above described property containing names, legal descriptions, mailing addresses, and supporting map of the location which is the subject of my/our application to the Board of Adjustment.

PLEASE NOTE: Accurate preparation of the Affidavit is your responsibility. Any errors, omissions, deletions may render approval by the Board of Adjustment null and void and require a rehearing.

_____
(Researcher or Applicant/Owner Signature)

STATE OF ARKANSAS §
§
COUNTY OF MILLER §

SUBSCRIBED AND SWORN TO before me, the undersigned, a notary public within and for the County aforesaid, before me personally appeared

_____ and _____ to me personally well known as the person/persons who have executed the foregoing affidavit and acknowledged that he/they had executed the same for purposes therein mentioned and set forth.

WITNESS my hand and official seal this _____ day of _____, 20_____.

_____
(Notary Public)

My Commission Expires:

_____

(Seal)