

ADMINISTRATIVE ADJUSTMENT APPLICATION

Updated: October, 2018

Associated Case/ Permit # _____ - _____ - _____



CONTACT INFORMATION

Applicant's Name		Property Owner	
Applicant's Mailing Address		Owner's Mailing Address	
Applicant's Phone #		Owner's Phone #	
Applicant's Email		Owner's Email	

PROPERTY INFORMATION

Business Name: _____

Subject Property Address: _____

Zoning District: _____ **Tax ID #: R** _____

Legal Description: Lot _____ **Block** _____ **Subdivision** _____

DESCRIPTION OF REQUEST

To be completed by staff

The following request has been: Approved Denied

by the Director of Planning and Development Services

Signature: _____ Date: _____

Print Name: _____ Title: _____

TO APPLY EMAIL: PLANNINGINFO@SANMARCOSTX.GOV