



# Waller County Road & Bridge Department

775 Bus 290 E – Hempstead TX 77445  
979-826-7670 www.co.waller.tx.us

**\$1,000.00 Fee**

## NON-SINGLE FAMILY VARIANCE REQUEST APPLICATION

This form is used to request a variance to Waller County Standards. No variance will be granted unless the general purpose and intent of the Standards is maintained. Any variance granted will only be applicable to the specific site and conditions for which the variance was granted, and will not modify or change any standards as they apply to other sites or conditions.

The applicant must clearly demonstrate that the variance request meets minimum acceptable engineering and safety standards. The applicant must also clearly demonstrate that the variance is not detrimental to the health, safety, and welfare of the public.

**Instructions:** Complete all fields below. Additional sheets may be attached, however, a summary of your responses must be included in the spaces provided below. Simply stating "see attached" is considered insufficient information.

PROPERTY OWNER INFORMATION
Name:
Mailing Address:
City, State, Zip:
Email:
Phone:

APPLICANT INFORMATION
Name:
Mailing Address:
City, State, Zip:
Email:
Phone:

### Location of Parent Tract (Picture of posted 9-1-1 numbers required before variance will be granted)

Address of Property	Property ID #	Acreage
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#### PLEASE PROVIDE THE FOLLOWING:

- Sketch, drawing, boundary survey or WCAD map noting proposed development
- Copy of Recorded Deed

### VARIANCE REQUEST OVERVIEW & JUSTIFICATION

Note the specific regulation(s) to which this variance is being requested. Describe why the County's minimum requirements can't be met and what the proposed deviation will achieve. (Attached additional sheets if more room is needed.)

### OWNER/APPLICANT CERTIFICATION & ACKNOWLEDGEMENT

The owner and applicant declare under the penalty of perjury, and any other applicable state or federal law, that all information provided on this form and submitted attachments are true, factual, and accurate. The owner and applicant also hereby acknowledge any false misleading information contained herein is grounds for variance denial and/or permit revocation.

Printed Owner/Applicant Name	Signature Owner/Applicant	Date
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### OFFICE USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	NOTES
Waller County Commissioner Prct 1 2 3 4      Date	
Waller County Judge      Date	

**OFFICE USE ONLY** Payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ # \_\_\_\_\_ CC \_\_\_\_\_ ID # \_\_\_\_\_