



CITY OF LAGO VISTA
5803 THUNDERBIRD
PO BOX 4727
LAGO VISTA, TX. 78645

DEVELOPMENT SERVICES
512-267-5259
development@lagovistatexas.gov

NOTE: Applicants should seek legal advice concerning the applicability of any existing private covenants or deed restrictions and their ability to be enforced or waived by other specific property owners.

SUBDIVISION VARIANCE APPLICATION

Date submitted: _____ **Fee:** \$250.00

Property Owner's Name: _____

Mailing Address: _____

Contact Information: _____
Email Address _____ Mobile or Daytime Phone _____

Surveyor/Engineer: _____
Company _____ Contract Person _____

Contact Information: _____
Email Address _____ Mobile or Daytime Phone _____

Name of Proposed Subdivision: _____

Complete Legal Description of the Property

Parcel ID: _____ **Existing Subdivision:** _____

Section: _____ **Block:** _____ **Lot Number(s):** _____

Municipal Addresses (if applicable): _____

Deed is recorded in Volume: _____ **Page:** _____ **of Travis County Public Records.**

Request is for relief from the following (specific ordinance provision references):

I authorize the following person/company to act in my behalf as my designated agent for this request:

Name of agent/company: _____
Company _____ Contract Person _____

Contact Information: _____
Email Address _____ Mobile or Daytime Phone _____

All Property Owner Signatures (attach if necessary): _____