



**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):** \_\_\_\_\_