

CITY OF BAY CITY **VARIANCE REQUEST**

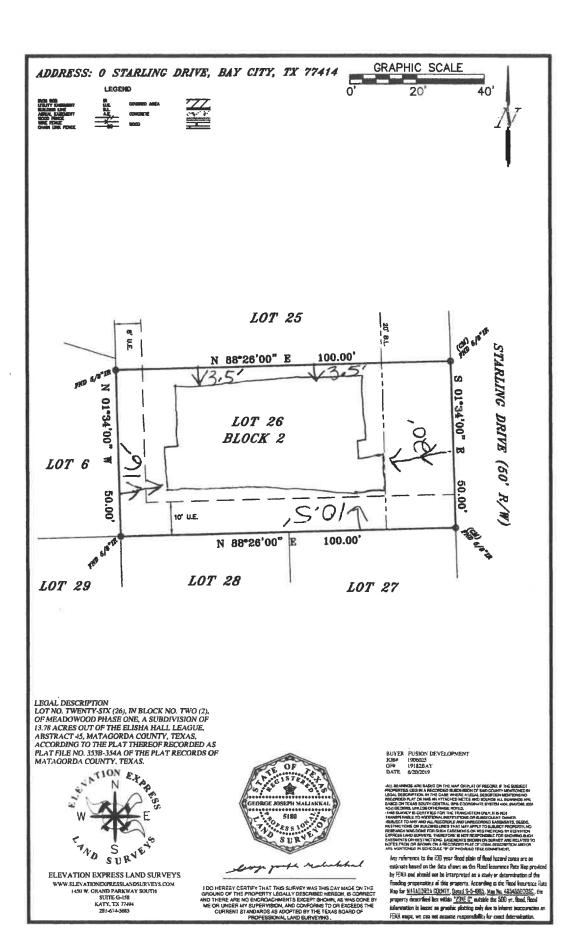
1901 5th Street Bay City, TX 77414 (979) 245-5311 (979) 323-1681 fax

All requests for a variance shall be filed with the City Secretary. Each request shall be accompanied by a \$75.00 filing fee, a drawing/illustration depicting the property affected by the request, and any additional supplemental documentation that you want the Variance Committee to consider. Incomplete requests will not be accepted.

Date: March 10,21 1 1 Thomas						
Name of Requestor (please print): FSion Development The Angela Thomas						
Address of Requestor: 565 S. Mason Kalone Number: 713-252-0589 # 448 Katy Tx 7745 Email Address: alhomas 12002 ya 600						
Legal description of subject property: Lot 26, B K2 of Meadowood Phase						
Section(s) of the City's Code of Ordinances from which the variance is being sought:						
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In detail, please state the reason for the request: Left fide of property has 10' BLE. Buriant side of Property is 3 feet from BLE. Total of 9' between 10t 26 and lot 26 structures. I need variance to build on 10t 26 closer than 5' BLE On right side of property. It has 3.5' BL The Variance Consider variance requests from the following:						
(a) Ch. 22 (Buildings and Building Regulations) (b) Ch. 46 (Flood Damage Prevention) (c) Ch. 54 (Mobile Homes, etc.) (d) Ch. 78 (Off Street Parking (Angle Parking) (e) Ch. 94 (Streets, Sidewalks and Other Public Places (f) Ch. 98, Sec. 98-122 – Subdivision Streets (g) Ch. 110, Sec. 110-178 (Traffic and Vehicles (Angle Parking).						
Otherwise, the Planning Commission will consider the variance request.						

Decisions of the Variance and Planning Committees shall be filed with the City Secretary's Office and promptly reported to the requestor. All decisions may be appealed to the City Council.

Requestor Signature





City Hall Deposit Form

Date: 3/11/21					
Customer Name and/or Business Name:	ANGELAT	homas/Fus	ON DEVELOP	MENT	
Address (if regarding Liens):			_		
Deposit Category: (Please Circle One)		G/L Code	e: Cash C	Collection Cod	le:
Liens		11-361	3	155.0000	
Food Truck Permits		11-351	0		
Taxi Cab Permits		11-351	0		
Other (Please Circle One)		11-36			
Variance Request					
Candidate Filing Fee	for Election		CITY OF BAY CITY	' TX	
Open Records Reque	est		CITY OF BAY CITY 979-245-0035	3 175	•
Payment Method: (Please Circle One)		Payment Amount:	REC#: 00672274 OPER: COL TERM REF#: PAID BY:	3/11/2021 : 022	1:53 PM
Cash Check Money Order		ACCT #: XXXX-XXXX-7441 AUTH #: 321967 TRAN #: 000027609682			
Credit Card		\$75.00	YPE: PURCHASE PP NAME: Visa NTRY MODE: CHIP		
			AMOUNT USD\$	75.00	
Customer Signature	fred L		EMV DETAILS: AC: FE2DDFA9C66A AID: A0000000031 ATC: 01B1 TSI: 6800 TVR: 8080008000		
City Secretary Signature	July 1		TRAN: MISC. GE ANGELA THOMA: 11 -3699 OTHER INCOME	MISC. GENEF S	RAL FUND 75.00CR
			TENDERED: APPLIED:	75.00 (75.00-	CREDIT CARD

CHANGE:

0.00