City of Port Lavaca Request for Variance

RECEIVED

	JUN 17 2024
Date: 6/15/24	JU14 6 7 Z0Z3
Name: Jacob Benjamin	
Address: 414 S. Lavaca	
Variance being requested: manufac	tured home to
be placed at 723 S. Benavide	2 24.
Reason for request: Medical necessity. I	am currently living
in a travel traiter which is un	scutchle for my needs
I have purchase a brand new m	anufactived home.
I have a contract for sale pend address through Gulf Coast Title	ling for the above
address Through But Coast Title	es contingent upon
a variance being granted. It is live with the city as outlined by	essential That I
The win the city as outlined by	The attached fetter
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sell Ben Sal	3 3 6 7 18
Signature Phone n	umber
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Date of Planning Board: 6/25/24	
Received by:	



Re: Benjamin, Jacob, DOB 12/15/1957

6/11/2024

To Whom it May Concern,

I have been Mr. Benjamin's primary care provider for the past 8 years. He has several critical illnesses including having a tracheostomy secondary to vocal cord paralysis. In addition, he has atrial fibrillation and diabetes mellitus. He has also poor mobility due to osteoarthritis and respiratory issues. He can suddenly become incapacitated due to his medical problems and response times that vary by minutes can make huge difference in his possible outcome. Ideally, he should live within 3 minutes response rate by EMS or to get to the hospital.

Should you have any questions, do not hesitate to call: 361-552-6721.

John B. Wright, MD Port Lavaca Clinic Associates, PA 1200 North Virginia Port Lavaca, TX 77979

361-552-6721 Fax: 361-552-7463

John B. Wright, MD

Sincerely,

Port Lavaca Clinic Associates, PA