

Planning & Development Department  
**APPLICATION FOR APPEAL  
OF ENFORCEMENT OFFICER'S DECISION**

**1. PROPERTY OWNER CONTACT INFORMATION:**

OWNER NAME: \_\_\_\_\_ PHONE 1: \_\_\_\_\_  
PHONE 2: \_\_\_\_\_ FAX #: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_

**2. AGENT/CONTRACTOR REPRESENTING PROPERTY OWNER (If Applicable):**

AGENT / CONTRACTOR COMPANY: \_\_\_\_\_  
PHONE 1: \_\_\_\_\_ PHONE 2: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_ FAX #: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CONTACT PERSON'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**3. PROPERTY DESCRIPTION:**

HCAD PARCEL NO(s) 13-digit Tax ID(s): \_\_\_\_\_  
PROPERTY ADDRESS (If existing): \_\_\_\_\_  
PROPERTY LEGAL DESCRIPTION: \_\_\_\_\_

**4. SUPPORTING INFORMATION:**

1. Fact(s) relevant to this matter: \_\_\_\_\_  
\_\_\_\_\_
2. Type of relief being sought: \_\_\_\_\_  
\_\_\_\_\_
3. Grounds for the request: \_\_\_\_\_  
\_\_\_\_\_

**5. APPLICATION CHECKLIST & SUPPORTING DOCUMENTATION (Check applicable boxes):**

- COMPLETE ITEMS 1-5 OF PERMIT APPLICATION
- SUBMIT COMPLETED APPLICATION & \$150 (NON-REFUNDABLE) APPLICATION FEE TO CITY PLANNER
- ATTACH APPLICANT'S AUTHORIZATION TO ACT ON BEHALF OF PROPERTY OWNER (IF APPLICABLE)

APPLICANT PRINTED NAME: \_\_\_\_\_ APPLICANT SIGNATURE: \_\_\_\_\_

**(STAFF USE ONLY):**

**APPLICATION NO:** \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_ ZBOA MEETING DATE: \_\_\_\_\_

ZBOA ACTION TAKEN:  APPROVED  DENIED

Comments/Conditions: \_\_\_\_\_  
\_\_\_\_\_

DATE OF NOTIFICATION TO APPLICANT: \_\_\_\_\_ BY: \_\_\_\_\_