



City of Hudson

VARIANCE REQUEST FORM

OWNER NAME: _____

OWNER PHONE NUMBER: _____

OWNER EMAIL ADDRESS: _____

PROPERTY ADDRESS: _____

OWNER MAILING ADDRESS IF DIFFERENT FROM PROPERTY ADDRESS:

ANGELINA COUNTY APPRAISAL DISTRICT PROP ID#: _____

ORDINANCE FOR VARIANCE REQUEST: _____

DETAILED DESCRIPTION REGARDING YOUR VARIANCE REQUEST:

Note: Further documentation may be requested before your request can be submitted.

I ACKNOWLEDGE THAT ALL DOCUMENTATION, PERMIT APPLICATION, & APPLICATION FEES MUST BE SUBMITTED & REVIEWED BEFORE A PERMIT IS ISSUED. ALL FEES ARE FOR APPLICATION ONLY AND DOES NOT GUARANTEE APPROVAL.

SIGNATURE

DATE

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