



**CITY OF BRECKENRIDGE**  
**105 N. Rose Ave.**  
**Breckenridge, TX 76424**  
**254-559-8287**

APPLICATION FOR:  Planning & Zoning  Board of Adjustments

DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

AGENT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PROPERTY ZONED: \_\_\_\_\_

LOCATION / PROPERTY ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PRESENT USE OF PROPERTY: \_\_\_\_\_

DESIRED USE OF PROPERTY: \_\_\_\_\_

WHAT IS THE SPECIFIC REQUEST? \_\_\_\_\_

\_\_\_\_\_

**APPLICANT AND/OR AGENT MUST BE PRESENT FOR APPLICATION TO BE CONSIDERED**  
**FILING FEE: \$75.00 (Make check payable to the City of Breckenridge)**

The undersigned has read the above application and does hereby certify that all information contained therein is true and correct; and does hereby request that all necessary legal steps be taken to submit such request to the proper Commission at its next regular meeting.

\_\_\_\_\_  
Signature of property owner or authorized agent

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(FOR OFFICE USE ONLY)

CASE #: \_\_\_\_\_ CONSIDERATION DATE: \_\_\_\_\_

RECEIPT #: \_\_\_\_\_ ACTION: \_\_\_\_\_