City of La Porte
604 W. Fairmont Pkwy.
La Porte, TX 77571

Planning & Development Department

APPLICATION FOR APPEAL OF ENFORCEMENT OFFICER'S DECISION

Phone: 281.470.5073
Fax: 281.470.5005
www.laportetx.gov

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:* _____