



SPECIFIC USE PERMIT APPLICATION

Town of Lakeside
 9834 Confederate Park Road
 Lakeside, Texas 76108
 (817)237-1234, ext. 307

Email: permits@lakesidetexas.us

PART 1. APPLICANT INFORMATION (Please print or type all responses)

Name of Applicant/Agent:		
Street Address of Applicant/Agent:		
City/State/Zip Code of Applicant/Agent:		
Telephone Number(s):		
Fax Number(s):		
Email Address:		

Are you the owner of the property? Yes _____ No _____	Are you the owner's agent? Yes _____ No _____	NOTE: If you are not the owner of the property, you must attach a letter from the property owner giving you permission to submit this application.
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PART 2. DESCRIPTION OF REQUEST

Current zoning Classification:	Proposed use of Property:
Describe the nature of the proposed activity and any particular characteristics related to the use of the property:	

PART 3. PROPERTY OWNER INFORMATION

Name of Property Owner:	Reason for Special Use Permit:
Street Address of Property Owner:	Telephone Number of Property Owner:
City/State/Zip Code of Property Owner:	Fax Number of Property Owner:
Survey or Map Attached as Required: Yes _____ No _____	NOTE: A map or plot plan of the property and drawings of the proposed construction must be submitted with this application. The applicants or their representatives must be present at their scheduled public hearing.
I hereby certify that I am, or that I represent the legal owner of the property described above and do hereby submit this request for a Special Use Permit to the Planning and Zoning commission for consideration.	
Print Name:	Date:
Signature:	

PART 4. OFFICE USE ONLY

Date Application Received:	Taxes, Liens & Assessments Paid? Yes _____ No _____	Fees: \$425.00 _____ Paid: Yes No _____ Special Use Permit Approved: Yes No
Date of P&Z: _____ Date of Council Meeting: _____	Conditions of Approval:	