



**VARIANCE - ZONING
 SPECIAL USE PERMIT APPLICATION
 \$100.00 Filing Fee**

PROPERTY OWNER INFORMATION

Name:		Contact Person:	
Address:		City:	State: Zip:
Phone:	Fax:	Email:	

APPLICANT/DEVELOPER INFORMATION

Name:		Contact Person:	
Address:		City:	State: Zip:
Phone:	Fax:	Email:	

PROPERTY INFORMATION

Street Address of Property:			
Legal Description	Block/Abstract:	Lot/Tract:	Addition/Survey:
Current Zoning/Use:		Proposed Zoning/Use:	
Type of Development being proposed?			

I hereby certify that the information provided in this application is true and factual to the best of my knowledge. I further understand that a public hearing for this request will not be scheduled until the application fee has been paid and the application and supporting documentation has been reviewed and accepted by City staff, before it will go before the P & Z Commission and the City Council for final approval.

Property Owner Signature:	Date:
Printed Name:	Title:

PZ #:	Ownership Verified: YES NO	Taxes Paid: YES NO	Liens Paid: YES NO
P & Z Meeting Date:		City Council Meeting Date:	
Zoning Change Approved: YES NO	Ordinance #:	Date Approved:	