CITY OF ALVARADO

APPLICATION FOR A SPECIFIC USE PERMIT

DATE: _____ CLERK: _____ FEE: _____ CASE NO: _____

NAME OF APPLICANT: _____ PH: ( ) _____

MAILING ADDRESS: _____

APPLICANT IS THE: OWNER / LEASER / PURCHASER OF THE PROPERTY.
circle one

NAME OF OWNER: _____ PH: ( ) _____

MAILING ADDRESS: _____

STREET ADDRESS OF PROPERTY: _____ ACREAGE: _____

LEGAL DESCRIPTION: _____

PRESENT ZONE OF PROPERTY: _____ PRESENT USE: _____

REASON FOR NEEDING A SPECIFIC USE PERMIT: _____

USAGE OF ADJACENT PROPERTY NORTH: _____

SOUTH: _____

EAST: _____

WEST: _____

PLEASE ATTACH REQUIRED SITE PLAN FOR APPLICATION CONSIDERATION.

NOTE: If the property can be identified by the subdivision or addition please include that with the lot and block numbers as the legal description. You must also attach a copy of the appropriate portion of the subdivision or addition plat with the subject property clearly indicated on it. If property is not part of a subdivision or addition plat, give the complete metes and bounds description of the property and indicate the location of said property by identifying one or more adjacent tracts and/or rights-of-way or attach a surveyor's plat of the property.

APPLICANT'S SIGNATURE: _____

The undersigned hereby, on oath, states that he or she is the record owner of the property for which this application is made.

OWNER: _____

SWORN TO AND SUBSCRIBED before me this _____day of _____, _____, by the person whose signature appears directly above.

_____

<Seal>

Notary Public in and for The State of Texas.

My Commission expires _____