



CITY OF ROANOKE
 265 MARSHALL CREEK
 ROANOKE, TEXAS 76262

SPECIAL USE PERMIT APPLICATION

Building Dept. (817) 491-6099
 FAX (817) 491-3114

Name of Applicant/Agent	Address, City, State, Zip	Phone Number
Type of permit requested	Name of Business	Fax Number
Property Owner(s)	Address, City, State, Zip	Phone Number
Legal Description – Lot/Block/Subdivision	Property Address	Present Zoning

Are there deed restrictions that would prevent this property from being used in the manner herein proposed? _____

Justification for request for Special Use Permit: _____

Authorization:

I/ We _____ owner(s) of the above described property do here by authorize _____ to act on my/our behalf in making and representing this special use permit application.

 Owner(s) Signature

 Owner(s) Signature

 Date

 Date

Attach the following:

Special Use Permit application fee of \$200.00**. Attach eleven (11) copies of the Metes & Bounds description of the property and a survey map (11x17) of the property. One electronic copy in a pdf format due at least 5 days prior to Council Meeting.

 Applicants Signature

 Date

**Fees are subject to change as amended by Ordinance.

FOR OFFICE USE ONLY

Application Fee	P&Z Meeting	CC Meeting	File for Record SUP- _____ - _____
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