

**SPECIAL/SPECIFIC USE PERMIT APPLICATION**

City of Willow Park – Planning & Development Dept.
516 Ranch House Rd, Willow Park, TX 76087
817-441-7108 x100 www.willowpark.org

APPLICANT INFORMATION

Name of Applicant/Agent:		Business Name (if applicable):
Business/Mailing Address: Street, City, State, Zip		
Email Address: NOTE: Email is the primary form of contact with Applicants.		Cell/Primary Phone # of Applicant/Agent:
Are you the Owner of the property or the Owner's Agent? <input type="checkbox"/> Owner <input type="checkbox"/> Agent*	Do you have written permission from the Owner of the property or the Owner's Agent to proceed with this request? <input type="checkbox"/> Yes <input type="checkbox"/> No*	*NOTE: If you are not the Owner of the Property, the Owner <u>must</u> sign this Application below to indicate his/her permission and approval of this request.

DESCRIPTION OF REQUEST

Current Zoning Classification:	Legal Description of Property:	Street address of Property (if known):
Reason for Special Use Permit: Describe the nature of the proposed use of this property, activity, and any particular characteristics related to the use of the property:		

PROPERTY OWNER INFORMATION

Name of Property Owner:	Business Name (if applicable):
Business/Mailing Address: Street, City, State, Zip	
Email Address:	Cell/Primary # of Property Owner

INCLUDE WITH APPLICATION SUBMISSION**THIS APPLICATION MUST BE SUBMITTED WITH THE ITEMS LISTED BELOW:**

- | | |
|---|---|
| <input type="checkbox"/> Completed and fully executed Special/Specific Use Permit Application | <input type="checkbox"/> Map, Plot Plan, Survey, and/or Plat of property location |
| <input type="checkbox"/> Renderings of proposed construction including building elevations, square footage, bldg. height, construction materials, and uses of bldgs | |
| <input type="checkbox"/> Site Plan showing placement of building(s), location/construction of sign(s), off-street parking areas, and ingress/egress to public streets | |
| <input type="checkbox"/> Landscaping plan & visual screening (walls/paintings/fences) | <input type="checkbox"/> Permit Fee Payment as specified in Development Services Fees |
| <input type="checkbox"/> Relationship of intended use to all existing properties/land uses in all directions to minimum distance of 200 feet of application property | |

****The Applicant or his/her Representative(s) must be present at the scheduled Public Hearing for this Permit.**** Public Hearing will be scheduled based on City's acceptance of completed Application with all supporting documents and payment as it aligns with the Planning & Zoning Schedule.

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.

Applicant's Signature: _____ **Date:** _____

Owner's Signature* (if different than Applicant): _____ **Date:** _____
*Owner's signature indicates permission to proceed with this Permit request.

Please email completed Application and all Attachments to permits@willowpark.org. Permit Fee may be paid by **check** (mailed or in person) or by **credit card** (in person or processed over the phone to Permit Tech x103; processing fee applies).

CITY USE: Date App Rec'd: _____ App Reviewed by: _____ Date App Officially Accepted: _____ MyGov Proj#: _____