

SPECIAL USE PERMIT APPLICATION

City of Willow Park 516 Ranch House Rd Willow Park, TX 76087 817-441-7108

APPLICANT INFORMATION			
Name of applicant/agent:	AFFLICANT INI	ORMATION	
Street address of applicant/agent:			
City/State/Zip Code of applicant/agent:			
Email:		Telephone # of applicant/agent:	
NOTE: Email is the primary form of contact with applicants.		FAX number of applicant/agent:	
Are you the owner of the property?		NOTE: If you are not the owner of the property, you must	
		attach a letter from the property owner giving you	
Yes No	Yes No		bmit this application.
DESCRIPTION OF REQUEST			
Current Zoning Classification: Street address	of property:	Propo	osed Use of property:
Describe the nature of the proposed activity and any particular characteristics related to the use of the property:			
PROPERTY OWNER INFORMATION			
Name of property owner:			
Training or proporty or more			
Street address of property owner:		Reason for Special Use Permit:	
officer address of property owner.		Troubbillion openial ode i offinic	
City / State / Zip Code of property owner		Telephone number of applicant/agent	
F		FAX number of applicant/agent	
Survey or Map attached as required by application Note: A map or plot plan of the property and drawings of the proposed			
Yes No 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.			
Date			
Print Name Signature			
FOR OFFICE USE ONLY			
Date of Planning & Zoning Public Hearing	Taxes, Liens and Asses		Case Number
Date of Flathing & Zoning Fublic Healing	Taxes, Liens and ASSES	oomenio Faiu!	Case Number
	Yes [No	
Special Use Permit Approved:	Date of City Council Me	eeting:	
Yes No			