



Specific Use Permit

Name of Project/Business:		Date:
Street Address:		
Block:	Lot:	Property ID:
Dimensions of lot:	Square feet:	Acreage:
Existing buildings on property? Yes <input type="checkbox"/> No <input type="checkbox"/> How many?		Total square footage of all buildings on property?
Flood Zone? Yes <input type="checkbox"/> No <input type="checkbox"/>		Overlay District? Yes <input type="checkbox"/> No <input type="checkbox"/>
Zoning District:		
Owner		Applicant (if different than owner)
Name: _____		Name: _____
Company: _____		Company: _____
Address: _____		Address: _____
Telephone Number: _____		Telephone Number: _____
Email Address: _____		Email Address: _____
Requested SUP for:		
Reason for Request:		
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.		
<i>I hereby certify that all data contained herein as well as all supporting data are true and correct to the best of my knowledge.</i>		
Owner Signature:		Applicant Signature:
Office Use Only		
Case Number:	Submittal Date:	
P&Z Meeting Date:	Approved <input type="checkbox"/> Denied <input type="checkbox"/>	
City Council Meeting Date:	Approved <input type="checkbox"/> Denied <input type="checkbox"/>	

Specific Use Permit Criteria

Answer the questions on the following pages, as evidence that the Specific Use Permit request complies with the conditions required for approval. Extra pages and supplemental illustrations or photographs may be requested by staff.

Requested Specific Use Permit:

1. The proposed use is in agreement and compatible with its surrounding existing uses or proposed uses, because...

2. Please explain how the proposed activities are normally associated with the requested use.

3. The nature of the proposed use is reasonable, because...

4. Please state what measures will be taken in order to mitigate the impact on the surrounding area



Consent of Owner

Project Name: _____

Property Owner Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Signature: _____

By signing this form, the owner of the property authorizes the City of Corsicana to begin proceedings in accordance with the process for the type of application indicated above. Owner further acknowledges that submission of an application does not in any way obligate the City of Corsicana to approve the application and that although City staff may make certain recommendations regarding this application; the Planning and Zoning Commission and/or the City Council may not follow that recommendation and may make a final decision that does not conform to the Staff's recommendation.

THE STATE OF TEXAS:

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KNOW ALL MEN BY THESE PRESENTS

COUNTY OF NAVARRO

Before me, _____, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this ____ day of _____, _____.

Notary Public's Signature

My Commission Expires: _____



Applicants Affidavit

Project Name: _____

I, _____, certify that I have read this form thoroughly and the information included in this supplemental application form is a true representation of the permit applications submitted to date that are associated with the current application or this application is not one in a series of permits as defined by Chapter 245 of the Texas Local Government Code.

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Signature: _____

THE STATE OF TEXAS:

:

KNOW ALL MEN BY THESE PRESENTS

COUNTY OF NAVARRO

Before me, _____, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this ____ day of _____, _____.

Notary Public's Signature