

ZONING ORDINANCE

14A Attachment 3

**APPENDIX 3. SPECIFIC USE PERMIT APPLICATION  
(WITHOUT TERM & WITH TERM)**

APPLICATION FOR A SPECIFIC USE PERMIT\*

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(APPLICANT: If a Corporation, give name & address of principal stockholder) (ADDRESS) (ZIP CODE) (PHONE)

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(OPERATOR: Individual who will operate or manage the facility if different from applicant or owner.) (ADDRESS) (ZIP CODE) (PHONE)

\_\_\_\_\_ With Term Limits? Yes \_\_\_ No \_\_\_  
(TYPE OF SPECIFIC USE PERMIT DESIRED)

Street address and Legal Description of property on which Specific Use Permit is desired (complete Lot and Block description; or, if not in a recorded plat, attach a Metes and Bounds Description.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present Zone: \_\_\_\_\_

Maximum Floor Area: \_\_\_\_\_

Maximum Seating Capacity/Occupancy: \_\_\_\_\_

Reason for request: \_\_\_\_\_  
\_\_\_\_\_

\* \$200.00 FEE MUST ACCOMPANY ALL REQUESTS.

Proposed hours and days of use or operation:  
\_\_\_\_\_

Reasons in applicant's opinion why the requested Specific Use will not adversely affect the public safety, health, morals, general welfare, and convenience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RENO CODE

\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

\_\_\_\_\_  
By: \_\_\_\_\_  
(SIGNATURE OF PROPERTY OWNER, (DATE) (If applicable - see NOTE)  
if other than applicant)

NOTE: If property owner is to be represented by an authorized agent, the agent should sign the property owner's name and his own on the lines provided above and complete the affidavit below.

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_ who, being by me duly sworn, upon oath says: That he/she is authorized by \_\_\_\_\_, the owner of the above described property, to fully represent him in this application and that he has the legal right, power and authority to sign said owner's name hereto as his attorney in fact.

\_\_\_\_\_  
(Signature of Affiant)

Subscribed and sworn to me, by the said \_\_\_\_\_, this \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_, to certify which witness my hand and seal of office.

\_\_\_\_\_  
NOTARY PUBLIC, LAMAR COUNTY, TEXAS (SEAL)