



# APPLICATION FOR SPECIFIC USE PERMIT

Town of Westlake | 1500 Solana Boulevard, Building 7, Suite 7200 | Westlake, TX 76262

Telephone: (817) 430-0941 | Fax: (817) 430-1812

e-mail: customerservice@westlake-tx.org

## Office use Only

Case Number: \_\_\_\_\_ Submittal Date: \_\_\_\_\_

Fee: \_\_\_\_\_ Received By: \_\_\_\_\_

Fee: \$2,000.00

## Description of Property

Lot Number: \_\_\_\_\_ Block Number: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Acreage: \_\_\_\_\_

Property Address: \_\_\_\_\_

General Location: \_\_\_\_\_

Survey of Property: Attach a current survey plat delineating the subject property or a metes and bounds description and survey if land is currently unplatted. **A Concept Site Plan and Submittal form are required with this application.**

## Specific Use Request

Present Zoning: \_\_\_\_\_ Requested Zoning: \_\_\_\_\_

Is this property within a Planned Development area? Yes No                      If yes, what PD Number? \_\_\_\_\_

Reason for Request: \_\_\_\_\_

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## Office Use Only

Pre Submittal Deadline	Pre-Application Conference	Comments Returned to Applicant	Formal Submittal Deadline	Publication Deadline/Notices to adj. prop owners	Final Submittal Deadline	P&Z commission Meeting	Town Council Meeting



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### **Applicant/Owner Information - Designation of Agent Form**

I hereby authorize the person designated below, to act in the capacity as my agent for the application, processing and the representation of this request. The designated agent shall be the principal contact person with the Town of Westlake (and vice versa) in processing and responding to requirements, information requests or other issues relative to this request.

**A Pre-Application Conference is required before formal submittal.**

#### PROPERTY OWNER

Printed Name : \_\_\_\_\_

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone # : \_\_\_\_\_ Fax # : \_\_\_\_\_

#### APPLICANT

Printed Name : \_\_\_\_\_

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone # : \_\_\_\_\_ Fax # : \_\_\_\_\_

#### DESIGNATED AGENT

Printed Name : \_\_\_\_\_

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone # : \_\_\_\_\_ Fax # : \_\_\_\_\_