



CITY OF ROANOKE
 500 S. OAK STREET
 ROANOKE, TEXAS 76262
 (817) 491-2411

SPECIFIC USE PERMIT APPLICATION

Name of Applicant/Agent	Address, City, State, Zip	Phone Number and email
Type of permit requested	Name of Business	Email and Website-if applicable
Property Owner(s)	Address, City, State, Zip	Phone Number and email
Legal Description – Lot/Block/Subdivision	Property Address	Present Zoning

Are there deed restrictions that would prevent this property from being used in the manner herein proposed? _____

Justification for request for Special Use Permit: _____

Authorization:

I/ We _____ owner(s) of the above described property do here by authorize
 _____ to act on my/our behalf in making and representing this Specific Use permit application.

 Owner(s) Signature

 Owner(s) Signature

 Date

 Date

Include the following:

Specific Use Permit application fee of \$200.00**. A copy of a survey map of the property and a concept plan or site plan in a pdf format.

 Applicants Signature

 Date

**Fees are subject to change as amended by Ordinance.

FOR OFFICE USE ONLY

Application Fee	P&Z Meeting	CC Meeting	File for Record SUP- _____ - _____
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