



P.O. Drawer 400 2665 San Angelo
Ingleside, TX 78362
Phone: 361-776-3815 Fax: 361-776-1027

APPLICATION FOR SPECIAL PERMIT

Permit #: _____

TO THE PLANNING AND ZONING COMMISSION AND THE CITY COUNCIL, CITY OF INGLESIDE, TEXAS:

APPLICANT:

Name: _____

Address: _____

Phone No.: _____ Cell Phone No.: _____

Owner of Property (if different): _____

LEGAL DESCRIPTION OF PROPERTY TO BE PLATTED:

Lot: _____ Blk: _____ Subdivision: _____

Address of Property: _____

Number of Acres: _____ Lot Size: _____

Reason for Request:

ATTACH:

- (1) A letter describing all processes and activities involved with the proposed uses.
- (2) A SITE PLAN drawn to scale with the following information:
 - a. Proposed use of property and all improvements thereon
 - b. New Construction proposed
 - c. Off-street parking (if applicable)
 - d. Landscaping
 - e. Open Space (if applicable)
 - f. Public street ingress & egress (if applicable)
 - g. Sidewalk, alleys, driveways, and streets (if applicable)

NOTE: For properties not in a recorded subdivision, submit a copy of a current survey or plat showing the properties proposed to be changed, a complete legal field note description.

I CERTIFY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT. I ALSO CERTIFY THAT I UNDERSTAND THAT ATTENDANCE IS MANDATORY, EITHER BY MYSELF OR A REPRESENTATIVE, AT ALL PUBLIC HEARINGS, BOTH PLANNING AND ZONING AND THE CITY COUNCIL, FOR THIS REQUEST TO BE CONSIDERED. I ALSO UNDERSTAND THAT FAILURE TO ATTEND WILL RESULT IN TERMINATION OF PROCESS AND RE-APPLICATION WILL BE REQUIRED.

Planning & Zoning Public Hearing: _____ Time: 6:00p.m.

City Council Public Hearing: _____ Time: 6:30p.m.

2nd Reading before City Council: _____ Time: 6:30p.m.

Signature of Applicant: _____ Date: _____ Signature of Owner: _____ Date: _____

Accepted by the Building Department on _____ By: _____

OFFICE USE ONLY

APPROVED: _____ DATE: _____ REVIEWED BY: _____