



# CITY OF CORSICANA, TEXAS

## Planning & Zoning Department Specific Use Permit Application

	<u>Applicant</u>	<u>Property Owner</u>
<b>Name</b>	_____	_____
<b>Organization</b>	_____	_____
<b>Mailing Address</b>	_____	_____
	_____	_____
<b>Valid DL/ID Number</b>	_____	_____
<b>Phone Number</b>	_____	_____
<b>Fax Number</b>	_____	_____
<b>Email Address</b>	_____	_____
<b>Signatures</b>	_____	_____

<u>Property Description</u>				
<b>Name of Project/Business:</b> _____				
<b>Street Address:</b> _____				
<b>Legal Description: Block</b> _____ <b>, Lot</b> _____ <b>, Tax ID #</b> _____				
<b>Dimensions of Lot:</b> _____				
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; text-align: center;">Frontage</td> <td style="width: 25%; text-align: center;">Depth</td> <td style="width: 25%; text-align: center;">Square Feet</td> <td style="width: 25%; text-align: center;">Acreage</td> </tr> </table>	Frontage	Depth	Square Feet	Acreage
Frontage	Depth	Square Feet	Acreage	
<b>Flood Zone: Yes / No (Circle)</b> <b>Zoning District:</b> _____				
<b>Existing Building(s) on Property: Yes / No (Circle) If so, how many?</b> _____				
<b>Total square footage of all buildings on property:</b> _____				
<b>Is a portion of this property located in an Overlay District? Yes / No (Circle)</b>				

Specific Use Permit Request
<b>Requested SUP for:</b> _____
<b>Reason for Request:</b> _____
_____
_____

Office Use Only	
<b>Case Number:</b> _____	<b>Submittal Date:</b> _____
<b>Filing Fee:</b> _____	<b>Date Paid:</b> _____
<b>Person taking application:</b> _____	<b>Person taking fees:</b> _____
<b>P&amp;Z Meeting Date:</b> _____	<b>Approved / Denied</b>
<b>Conditions:</b> _____	
<b>City Council Meeting Date:</b> _____	<b>Approved / Denied</b>
<b>Conditions:</b> _____	

**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... \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# CITY OF CORSICANA, TEXAS

## 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:

:

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: \_\_\_\_\_



# CITY OF CORSICANA, TEXAS

## Applicant's 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:

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