



CITY OF PORT ARANSAS
 710 W. AVENUE A
 PORT ARANSAS, TEXAS 78373-4128
 361-749-4111
 FAX 361-749-4723
www.cityofportaransas.org

APPLICATION FOR SPECIAL USE PERMIT

Date of Application: _____ \$350.00 + Actual Engineering Cost
 Fee paid: _____

Name of Applicant: _____

Address: _____

Phone #: _____

Legal Description of Applicants Property: Lot (s): _____ Block: _____

Subdivision/Addition: _____

Current Zoning: _____ Special Use Requested: _____

Along with application, applicant shall provide detailed plans and specifications of special use requested.

(OFFICE USE ONLY)

Letters sent to property owners within 200' of requested change: _____

Public hearing notice posted in South Jetty newspaper: P&Z Hearing: _____ Council Hearing: _____

<u>Letters Sent to Applicant</u>	<u>Date</u>
Notice of placement on Planning & Zoning Agenda	_____
Notice of Planning & Zoning action and placement On City Council Agenda	_____
Notice of City Council action	_____
1 st reading of ordinance:	_____
2 nd reading of ordinance:	_____
3 rd reading of ordinance:	_____

Planning & Zoning Commission Action Date: _____

Approved _____ Disapproved _____ Tabled _____

Reason _____

City Council Action

1st reading of ordinance: _____
 2nd reading of ordinance: _____
 3rd reading of ordinance: _____