

Conditional Use Permit/Variance/ Rezone Request Application 09/2017

570	Tel. (956) 565-3114 ext. 130 Fax (956) 565-5184		
tion (PLEASE PRINT CL	EARLY):		
	DL#:	Phone #:	
#: Subdivision quately identify the property, sub	n: mit a legal survey s	howing metes and l	bounds description.
e:		Date:	
Iled? □ YES □ NO Propo □ NO If so how long has pro □ YES □ NO <i>sq. ft.</i> Refundable Application	osed Sign Size: operty been vacar Area of space Fee) Proposed So Front: Rear:	t? YRS _ e to be occupied: etbacks: ft. ft.	MTHS sq. ft.
d: ore: Yes No Action Taken: Date Submitted: Copy of DL/ID Pro Ad Deadline:	perty Deed	Receip] Site Plan _ Ad Date:	ot #:
	tion (PLEASE PRINT CL City erty Requesting Change: ft: Required Subdivisio quately identify the property, sub HE APPLICATION IS MADE FOR T re: it: (\$200 Non-Refundab time limit of (1) year and renewab lled?YESNO Prope NO sq. ft. Refundable Application Required Setbacks: Front:ft. Rear:ft. Rear:ft. Side:ft. efundable Application F d: cfundable Application F d: d: Date Submitted: Copy of DL/ID Pro Ad Deadline:	is70 Fax (956) 565-518- ition (PLEASE PRINT CLEARLY):	Fax (956) 565-5184 trion (PLEASE PRINT CLEARLY): DL#: Phone DL#: Phone DL#: Phone DL#: Phone DL#: Phone DL#: Phone St: Phone St: St: grade colspan="2">Phone St: St:



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Site Plan

NOTE: This square indicates your property lines

