SPECIAL USE PERMIT

City of Lindale
P.O. Box 130 /105 Ballard Dr.
Lindale, TX 75771
Phone: 903-882-6861 Fax: 903-881-8170
Email: iselag@Lindaletx.gov

Case #: _____

Non-Refundable Fee: $100.00

1. Applicant – If, owner(s), so state: If agent or other type of relationship, a letter of authorization must be furnished from owner(s) at the time submitted.

   Name: _____

   Mailing Address: _____

   Home: _____ Mobile:_____ Fax:_____

   Email: _____

2. Property Address/Location: _____
3. Legal Description: _____

   Name of Subdivision: _____

   Lot(s): _____ Block(s): _____ Acreage: _____
4. Existing Use of Property: _____
5. Current Zoning: _____
6. Proposed Use of Property and/or Reason for request (attach additional or supporting information if necessary):

   _____

   _____

   _____

   _____

7. Attachments:

   _____ Metes and bounds description and survey if property is not platted.

   _____ Map of property in relation to City limits/major roadways or surrounding area.

   _____ Site plan proposed use.

_____ _____ _____
Signature of Owner(s)/Agent Print Name & Title Date