



Planning and Zoning Division
2610 S. Main St.
Stafford TX 77477
281-261-3920
www.staffordtx.gov

SPECIFIC USE PERMIT

Application Instructions

Please provide the following items and information requested in the checklist below along with the application found on pages 2-3

A complete application packet with applicable fees must be submitted to the Planning & Zoning Division by noon on the first (1st) business day of the month to be considered for the following months meeting. Applications submitted after that date will be considered for the next available meeting.

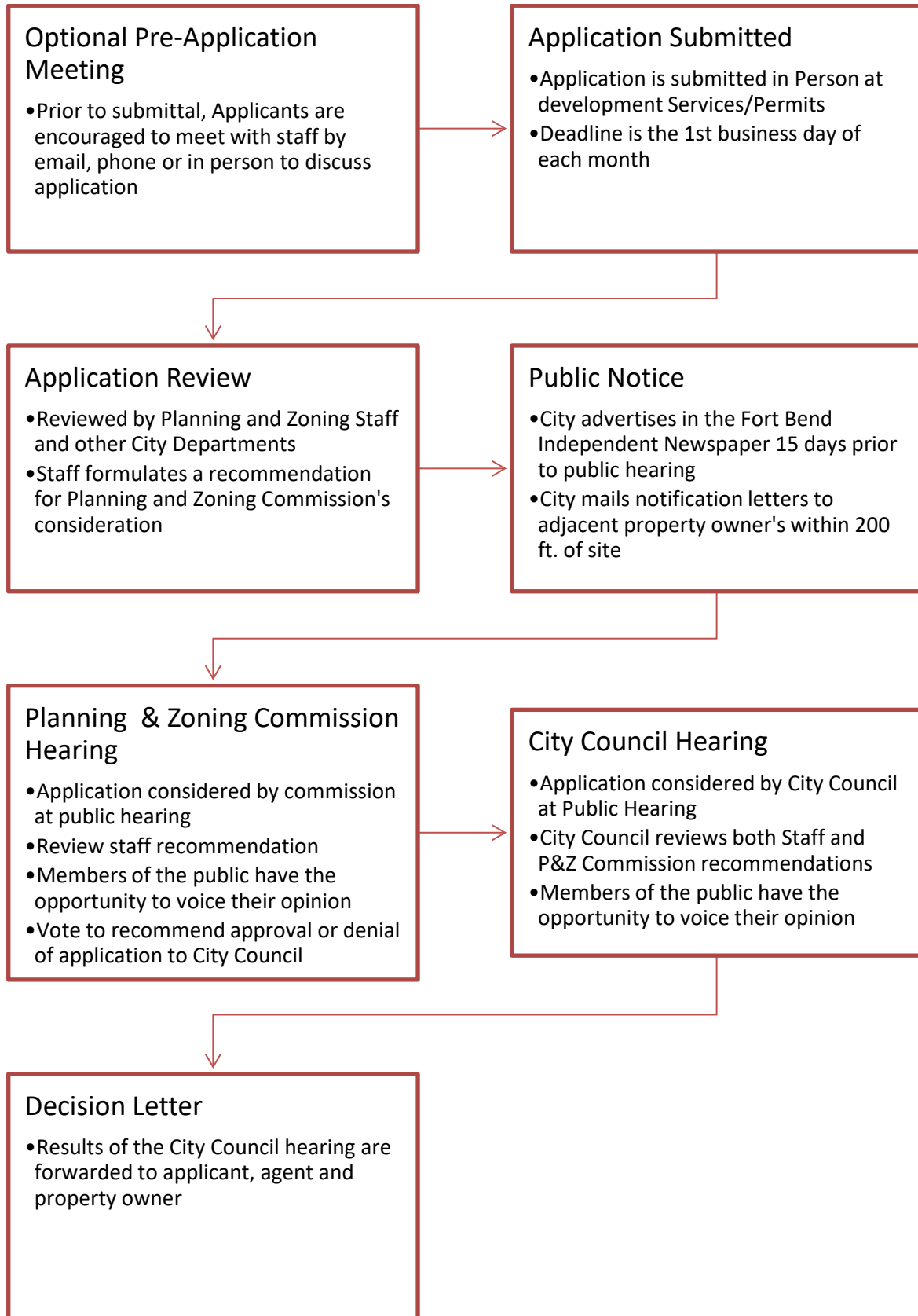
If you have any questions regarding the process or the requests for information, please contact the Planning & Zoning Division.

Application Checklist – (1 paper copy and 1 Digital Copy*)

- Application (Pg. 2 and 3)
- Acknowledgment Form Signed and Notarized by Property Owner (Pg. 4)
- Fee Payable to “City of Stafford”- \$3000 non –refundable.
- Property Survey (Unless concept plan includes current survey information)
- Aerial Photograph with property outlined
- Property Deed
- Legal Description
- Copy of Deed Restrictions of Property (if applicable)
- Adjacent property owner information within 200 ft. of property
- Proposed concept plan including
 - Scale, lot dimensions
 - Landscape plan
 - Tabulation of required parking spaces
 - Information on signage, lot circulation
 - Proposed paving and drainage
- Proposed renderings and/or building elevations including
 - Scale
 - Exterior building materials and color schemes
 - Location and depiction of sign(s) to be attached to the building

*All electronically submitted documents must be PDF and the name shall reflect the content of the submitted document.

Specific Use Permit Process



SPECIFIC USE PERMIT APPLICATION

SPECIAL NOTICE

Submission of this application does not constitute the granting of approval. All appropriate requirements must be met prior to this project being presented for approval to the appropriate authority. The City of Stafford reserves the right to request additional information to ensure a complete review of this project.

Contact Information

Applicant Information (Property Owner/Developer):

Business Name: _____

Name: _____

Address: _____

(Please use an address that can accept overnight packages)

Phone: _____

Email: _____

Agent Information:

Business Name: _____

Name: _____

Address: _____

(Please use an address that can accept overnight packages)

Phone: _____

Email: _____

Please note: both applicant and agent will receive all official correspondence on this project.

Property Information

Address or location: _____

Land Area (Ac. Or Sq. Ft.): _____ Existing Zoning: _____

Existing Use: _____

Proposed Use: _____

Pre-Development

Have you held a pre-development meeting with the city about this project?

Have you discussed this proposal with city staff? If yes, what issues were discussed?

Project Description

Please provide a detailed description of the project. Include information such as square footage of building, building materials, hours of operations, number of employees along with how project is in compliance with the Comprehensive Zoning Ordinance and the Comprehensive Plan. How the proposed specific use is compatible with and preserves the integrity of adjacent development and neighborhood. Please identify if there are any adverse impacts and how these impacts will be mitigated.

ACKNOWLEDGMENTS

This application and any application supplement will not be considered complete without the notarized signature of **all property owners of record**, which shall serve as an acknowledgment of the submittal of this application for approval. The property owner's signature below shall also serve as authorization for the above applicant or agent to act on behalf of said property owner.

Property Owner Signature

Property Owner Name (Printed)

Mailing Address: _____

Phone: _____
If more than one owner, please submit additional pages

STATE OF _____, COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____

by _____ who is personally known to me or who has produced
_____ as identification.

Signature of Notary

Type or Print Name of Notary

_____ Commission Number (Seal)

(For office use only)

INTAKE REVIEWER - SIGNATURE

DATE