

**CITY OF SUNSET VALLEY, TEXAS
TEMPORARY SPECIAL USE PERMIT APPLICATION**

Name of Applicant: _____

Phone: _____ Email Address: _____

Mailing Address: _____

THE FOLLOWING INFORMATION MUST BE COMPLETED PRIOR TO SUBMISSION TO THE CITY COUNCIL FOR CONSIDERATION OF APPROVAL:

Dates you wish this permit to cover: From _____ To _____
(Must not exceed thirty (30) days)

Site Location/Address: _____

Describe Special Use Requested: _____

IF THE APPLICANT REQUESTING THE PERMIT IS NOT THE OWNER OF THE PROPERTY, THIS APPLICATION SHALL BE ACCOMPANIED BY WRITTEN APPROVAL FROM THE PROPERTY OWNER.

Please attach a letter that addresses compatibility with the location's zoning, nuisance and disturbance factors impacting neighboring properties, and traffic issues, such as congestion, safety hazards, or parking. Also, please attach a map showing location site, roadways, entrance and exits, and location of any accessory structures to be placed on the site.

It is hereby agreed that for and in consideration of the approval of this permit application, the proposed use shall be performed and completed in accordance with the plans and specifications as approved and any applicable Ordinance requirements of the City of Sunset Valley. All plans and specifications by the applicant and approved by Sunset Valley in connections with this application are hereby made a part of this application. All work approved by this permit is subject to the inspection and control of the City of Sunset Valley.

I certify that the above statements are true and correct. Authorization is hereby given to the licensing authority of the City of Sunset Valley to enter upon the above described private property for the purpose of evaluation and inspection.

SPECIAL CONDITIONS: _____

Date Applicant Signature Applicant Printed Name

Permit Fee: _____
Amount Paid Date Paid Receipt Number