



SPECIAL EXCEPTION APPLICATION

(512) 398-3461 • FAX (512) 398-3833
P.O. Box 239 • Lockhart, Texas 78644
308 West San Antonio Street

APPLICANT/OWNER

APPLICANT NAME _____	ADDRESS _____
DAY-TIME TELEPHONE _____	_____
FAX _____	_____
OWNER NAME _____	ADDRESS _____
DAY-TIME TELEPHONE _____	_____
FAX _____	_____

PROPERTY

ADDRESS OR GENERAL LOCATION _____

LEGAL DESCRIPTION (IF PLATTED) _____

SIZE _____ ACRE(S) ZONING CLASSIFICATION _____

EXISTING USE OF LAND AND/OR BUILDING(S) _____

REQUESTED SPECIAL EXCEPTION

AUTHORIZED BY SECTION _____ OF THE ZONING ORDINANCE

EXPLANATION OF OR REASON FOR REQUEST, INCLUDING DESCRIPTION OF PROPOSED USE AND/OR BUILDING AND SITE IMPROVEMENTS, AS APPLICABLE TO THE REQUESTED SPECIAL EXCEPTION.

SUBMITTAL REQUIREMENTS

IF THE APPLICANT IS NOT THE OWNER, A LETTER SIGNED AND DATED BY THE OWNER CERTIFYING THEIR OWNERSHIP OF THE PROPERTY AND AUTHORIZING THE APPLICANT TO REPRESENT THE PERSON, ORGANIZATION, OR BUSINESS THAT OWNS THE PROPERTY.

IF NOT PLATTED, A METES AND BOUNDS LEGAL DESCRIPTION OF THE PROPERTY.

SITE PLAN, SUBMITTED ON PAPER NO LARGER THAN 11" X 17", SHOWING: 1) Scale and north arrow; 2) Location of site with respect to streets and adjacent properties; 3) Property lines and dimensions; 4) Location and dimensions of buildings; 5) Building setback distances from property lines; 6) Location, dimensions, and surface type of off-street parking spaces and loading areas; and, 7) any other proposed features of the site which are applicable to the requested special exception.

APPLICATION FEE OF \$_____ PAYABLE TO THE CITY OF LOCKHART AS FOLLOWS.

One lot or a parcel ¼ acre or less	\$125
Two lots or a tract ¼ to one acre	\$150
Tract one acre or greater	\$170 plus \$20.00 per acre over one acre

TO THE BEST OF MY KNOWLEDGE, THIS APPLICATION AND ASSOCIATED DOCUMENTS ARE COMPLETE AND CORRECT, AND IT IS UNDERSTOOD THAT I OR ANOTHER REPRESENTATIVE SHOULD BE PRESENT AT ALL PUBLIC MEETINGS CONCERNING THIS APPLICATION.

SIGNATURE _____

DATE _____

OFFICE USE ONLY

ACCEPTED BY _____

RECEIPT NUMBER _____

DATE SUBMITTED _____

CASE NUMBER SE - _____ - _____

DATE NOTICES MAILED _____

DATE NOTICE PUBLISHED _____

BOARD OF ADJUSTMENT MEETING DATE _____

DECISION _____

CONDITIONS _____
