



**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** \_\_\_\_\_  
**E-MAIL** \_\_\_\_\_

**OWNER NAME** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_  
**DAY-TIME TELEPHONE** \_\_\_\_\_  
**E-MAIL** \_\_\_\_\_

**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 FOR 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:

1/4 acre or less	\$125
Between 1/4 acre and one acre	\$150
One acre or greater	\$170 plus \$20.00 per each 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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_