

**CITY OF BULLARD
SPECIAL USE PERMIT APPLICATION**

For Planning and Zoning Commission Meeting to be held on _____

Location of Property: _____

Name of Owner(s): _____

Address of Owner(s): _____

Phone Number: _____

E-Mail _____

Fax _____

Block Number/Survey Name _____

Property Address (if any) _____

The property is currently zoned _____

Is a plat and/or land plan of property attached with application? Yes **No**

Is the property the subject or part of a rezoning application? _____

Why is the Special Use Permit requested? _____

Signature of Owner: _____

Date: _____

Printed Name: _____

Filing Fee Due for Agenda Deadline

\$150.00 Fee **Date Received:** _____ **Check Number** _____ **Receipt No.** _____