

APPLICATION & CHECKLIST – CONDITIONAL USE PERMIT

CUP Request: _____ (Submittal Date)

INSTRUCTIONS:

- **Make an appointment** with the Planning and Development Department for application submission. 512-321-0457
- Fill out the following application and checklist completely prior to submission.
- Incomplete applications will not be accepted – fees are not refundable
- Use the most current application from the City’s website (www.cityofbastrop.org). City ordinances can be obtained from the City of Bastrop.

REQUIRED ITEMS FOR SUBMITTAL PACKAGE:

The following items are required to be submitted to the Planning Department in order for the Conditional Use Permit Application to be accepted.

- ___ 1. Completed and signed application/checklist with owner’s signature
- ___ 2. Current deed showing ownership and a current tax receipt showing taxes have been paid.
- ___ 3. 5 prints of a site plan showing the arrangement of the proposed project together with essential requirements. Include the relationship of the proposed use with all existing properties and land uses within a minimum of 200 feet. Site plan shall include the minimum information specified in the checklist.
- ___ 4. Mailing Labels. Notification list of property owners, with mailing addresses, within 200 feet of subject property as identified on the latest approved tax roll. Contact the Bastrop County Appraisal District (512) 303-1930. Notification list shall be provided on one set of mailing labels (Avery 5160 or similar).
- ___ 5. Legal description. A clear and legible copy of field notes (metes and bounds) describing the tract of land (when not subdivided).
- ___ 6. A location map of the subject property; minimum ¼ mile radius area.
- ___ 7. Application *fee* – Filing and processing fees are as follows:

___ Single family or less intensive use	\$300/parcel plus \$3.00/acre
___ Multi-family use	\$300/parcel plus \$3.00/acre
___ Commercial or Industrial use	\$300/parcel plus \$3.00/acre

Fees are nonrefundable – partial submittals will not be accepted

Description of Property

Address for Conditional Use Permit Request: _____

(Legal Description) Name of Subdivision: _____ Lot & Block: _____

OR Number of Acres: _____ Survey: _____ Abstract: _____

Location of property (using directional indicators e.g. north, south, east, west when possible): _____

Size of property (Acreage or square feet): _____

Zoning Information - Existing zoning:

Classification: _____

Proposed Conditional Use Request (be specific) or attach letter:

Site Plan Requirements

Show general arrangement of the project with essential requirements listed below.

- ___ Date
- ___ Scale (i.e. 1" = 20')
- ___ North arrow
- ___ Name/address of property owner(s)
- ___ Address and legal description of subject property
- ___ Name and title of preparer
- ___ Legal description and names of adjacent property owners
- ___ Property lines with dimensions
- ___ Easements
- ___ Setback lines
- ___ Proposed buildings, structures, mechanical equipment, each:
 - ___ Square footage
 - ___ Height
 - ___ Materials
- ___ Use of existing and proposed buildings
- ___ Means of ingress and egress to public streets
- ___ Streets/alleys with names
- ___ Visual screening, i.e. walls, plantings and fences, existing and proposed
- ___ Drainage, existing and proposed
- ___ Utilities, existing and proposed
- ___ Landscaping, existing and proposed
- ___ Off-street parking and loading facilities
- ___ Ingress/egress to subject property
- ___ Type, location and dimensions of all signs
- ___ Existing and proposed exterior lighting, including fixture and lumen table
- ___ Building/structure elevations (new construction only)
- ___ Approximate location of existing buildings within a minimum distance of 200 feet of subject property
- ___ Additional material or information that will improve the understanding of the location, function and characteristics of any building/structure or use proposed

Please Note: The signature of owner authorizes City of Bastrop staff to visit and inspect the property for which this application is being submitted. The signature also indicates that the applicant or his agent has reviewed the requirements of this checklist and all items on this checklist have been addressed and complied with. **Note: The agent is the official contact person for this project and the single point of contact. All correspondence and communication will be conducted with the agent. If no agent is listed, the owner will be considered the agent.**

I hereby certify that I am the legal owner of the above described property and that I (Check One below):

_____ *will represent my application before the Planning Department, Planning & Zoning Commission and/or City Council.*

_____ *hereby authorize the person named below to act as my agent in processing this application before the Planning Department, Planning & Zoning Commission and/or City Council.*

Owner's Name (printed)	Phone	Fax
Owner's Address	City	State Zip
Owner's Signature	Date	Email Address
Agent's Name: _____		
Company: _____		
Mailing Address: _____		
Street	City	State Zip
Phone	Fax	Email address

Do Not Write Below This Line ~ Staff Will Complete

Notification List of Property Owners Within 200 feet – on mailing labels

All Fees Paid: Filing Attached Map of Subject Property

Accepted for Processing By: _____ Date: _____

Date of Public Notification in Newspaper: _____

Date of Public Hearing @ Planning and Zoning Commission: _____

Date of Public Hearing @ City Council: _____

Date of 2nd Reading @ Council _____