



APPLICATION FOR SPECIFIC USE PERMIT (SUP)

Revised Application (10.01.2025)

PROPERTY INFORMATION

Project Location (Address): _____

Kaufman CAD Parcel ID: _____

Addition Name: _____

Legal Description: _____

Current Use: _____

Acreage: _____

Disturbed Acreage: _____

Current Zoning: _____

Include Use Chart Information (Section 32 of the City of Terrell Zoning Ordinance

Use Chart Category: _____

Proposed Use: _____

Include Use Chart Information (Section 32 of the City of Terrell Zoning Ordinance

Use Chart Category: _____ Definition No. _____

Proposed Use Detail: _____

APPLICATION CHECKLIST & ATTACHMENTS:

- | | |
|---|--|
| <input type="checkbox"/> Owner's deed as Proof of Ownership | <input type="checkbox"/> Surveyed Plat |
| <input type="checkbox"/> Copy of boundary calculations | <input type="checkbox"/> Comprehensive Site Plan |
| <input type="checkbox"/> Digital PDF of Full Civil Plans If Requested | <input type="checkbox"/> Renderings If Requested |

PROPERTY OWNER INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

For additional owners, include additional copies of page 1 and 2 of this application; property owner must sign the application or submit a notarized letter of authorization.

REPRESENTATIVE AGENT/ TENANT INFORMATION

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

ENGINEERING INFORMATION

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

SURVEYOR INFORMATION

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Email: _____

CERTIFICATION AND ACKNOWLEDGEMENTS

By signing my name, I certify that I have read the Zoning Ordinance, Technical Construction Standards and Specifications, Subdivision Ordinance, and all other ordinances and rules that apply to the development of my property.

_____ Owner Signature	_____ Date	_____ Owner Name (Print)
_____ Agent/Tenant Signature	_____ Date	_____ Agent Name (Print)

STAFF / OFFICE USE ONLY

☐ ZC # _____ ☐ Ownership Verification Complete

Staff Recommendation: ☐ Approval ☐ Deny

P&Z Meeting Date: _____

