



SPECIFIC USE PERMIT (SUP) APPLICATION

SECTION 1. APPLICANT/OWNER INFORMATION
Please Print or Type

Applicant/Developer: Jodi Lane
Street Address: 5200 Selago Dr.
City: Ft Worth State: Tx Zip: 76244
Telephone: 817-939-9951 Fax: _____ E-mail: jlane0707@yahoo.com
Applicant's Status: (Check One) Owner Tenant Prospective Buyer

Property Owner must sign the application or submit a notarized letter of authorization.

Owner: Same
Street Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ E-mail: _____
Signature of Applicant _____
Date: _____
Signature of Owner Jodi Lane Printed Name of Owner
Date: 3-9-20

SECTION 2. PERMIT REQUEST INFORMATION

Property Location: 304 W. Main St Keller, Tx 76248
Legal Description:
Lot(s): _____ Block(s): _____ Subdivision Name: _____
Unplatted Property Description:
Abstract Name & Number: _____ Tract Number(s): _____
If property is not platted, please attach a metes and bounds description.
Current Zoning: _____ Proposed Zoning: _____
Current Use of Property: _____
Proposed Use of Property: _____