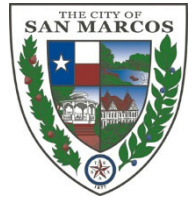


CONDITIONAL USE PERMIT / ALTERNATIVE COMPLIANCE (ADMINISTRATIVE) APPLICATION

Updated: October, 2019



CONTACT INFORMATION

Applicant's Name		Property Owner	
Company		Company	
Applicant's Mailing Address		Owner's Mailing Address	
Applicant's Phone #		Owner's Phone #	
Applicant's Email		Owner's Email	

PROPERTY INFORMATION

Business Name: _____

Subject Property Address: _____

Zoning District: _____ Tax ID #: R _____

Legal Description: Lot _____ Block _____ Subdivision _____

DESCRIPTION OF REQUEST

Mixed Beverage Beer & Wine Other: _____

Reason for Request: Change the name of TABC Permit Holder Change the name of Business
 Change in Ownership Remodeling (with NO expansion)

Please provide the name of permit holder, business or owner, whichever is applicable:

Current: _____ Proposed: _____

AUTHORIZATION

I certify that the information on this application is complete and accurate. I understand the fees and the process for this application. I understand my responsibility, as the applicant, to be present at meetings regarding this request.

Filing Fee \$793 Technology Fee \$13 TOTAL COST \$806

Submittal of this digital Application shall constitute as acknowledgement and authorization to process this request.

To be completed by staff

I have reviewed this application and have determined that it meets the criteria outlined in the Land Development Code, is eligible for administrative approval, and is hereby approved.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Provide Copy to City Clerk

I have reviewed this application and have determined that it does not meet the criteria outlined in the Land Development Code and has been denied based on: _____

Signature: _____ Date: _____

Print Name: _____ Title: _____

Provide Applicant with notice of decision

PROPERTY OWNER AUTHORIZATION

I, _____ (owner name) on behalf of
_____ (company, if applicable) acknowledge that I/we
am/are the rightful owner of the property located at
_____ (address).

I hereby authorize _____ (agent name) on behalf of
_____ (agent company) to file this application for
_____ (application type), and, if necessary, to work with
the Responsible Official / Department on my behalf throughout the process.

Signature of Owner: _____ Date: _____

Printed Name, Title: _____

Signature of Agent: _____ Date: _____

Printed Name, Title: _____

Form Updated October, 2019



CHECKLIST FOR CONDITIONAL USE PERMIT / ALTERNATIVE COMPLIANCE (ADMINISTRATIVE)

The following items are requested for consideration of this application. These and additional items may be required at the request of the Department	Comments
<input type="checkbox"/> <i>Pre-development meeting with staff is recommended</i> <ul style="list-style-type: none"> • Please visit http://sanmarcostx.gov/1123/Pre-Development-Meetings to schedule 	
<input type="checkbox"/> Completed Application for Conditional Use Permit / Alternative Compliance (Administrative)	
<input type="checkbox"/> Proof of application for Certificate of Occupancy or Building Permit	
<input type="checkbox"/> Authorization to represent the property owner, if the applicant is not the property owner	
<input type="checkbox"/> Application Filing Fee \$793 <input type="checkbox"/> Technology Fee \$13	

****San Marcos Development Code Section 2.3.1.1(C): “Every application accepted by the responsible official for filing shall be subject to a determination of completeness...the responsible official is not required to review an application unless it is complete...”**

APPLY ONLINE – WWW.MYGOVERNMENTONLINE.ORG/