



APPLICATION FOR SPECIAL USE PERMIT – HOME OCCUPATION

(CHECK ONE & INCLUDE NECESSARY SUPPORTING MATERIAL)

FIRST TIME APPLICANT

RENEWAL

ADDRESS OF PROPERTY:		CURRENT ZONING OF LOT:	
NAME OF PROPERTY OWNER:	TELEPHONE:	E-MAIL	
PROPERTY OWNER MAILING ADDRESS:	CITY:	STATE	ZIP CODE
OFFICIAL NAME OF BUSINESS:	TYPE OF BUSINESS:		
FAMILY MEMBERS PARTICIPATING IN BUSINESS:	WILL CLIENTELE VISIT YOUR HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO		
TOTAL SQUARE FOOTAGE OF HOME:	SQUARE FOOTAGE USED FOR BUSINESS:	% AREA USED FOR BUSINESS:	

IF APPLYING FOR THE FIRST TIME, THE FOLLOWING INFORMATION MUST BE SUBMITTED WITH THIS APPLICATION:

1. Floor plan of home, denoting the area to be utilized for business.
2. Description and picture of any vehicle used in connection with the business.
3. Explanation and details of the proposed home use occupation.

(FOR CITY USE ONLY)

SUBMITTAL VERIFICATION/INSPECTION AUTHORIZATION:	
<p>As the applicant named above, my signature attests to the fact that the attached application package is complete and accurate to the best of my knowledge. I understand that City Staff review is dependent upon the accuracy of the information provided and that any inaccurate or inadequate information provided may delay the review of this application. I further understand that I will be held liable, under the City of Lakeway Code of Ordinances, as amended, for compliance with the plans, terms, conditions, and limitations in any Special Use Permit as approved by the City Council. In addition, as the owner, my signature authorizes the City Staff or their representatives to visit and inspect the property for which this application is being submitted.</p>	
<hr style="width: 80%; margin: 0 auto;"/> <p>APPLICANT SIGNATURE</p>	
<hr style="width: 80%; margin: 0 auto;"/> <p>PRINTED NAME</p>	<hr style="width: 80%; margin: 0 auto;"/> <p>DATE</p>

PERMIT NUMBER:
AMOUNT RECEIVED:
NOTES: