

Application For Specific Use Permit



City of Bixby

APPLICATION TO THE CITY OF BIXBY FOR A SPECIFIC USE PERMIT

CASE NUMBER: _____ DATE: _____

PROPERTY ADDRESS		LEGAL DESCRIPTION IMPORTANT: Please attach a drawing of the proposed Plot Plan and indicate the location and direction for all buildings on lot:		
		STR	ADDITION	LOT
PROPOSED USE				
OWNER NAME	STREET	CITY	STATE	ZIP
PHONE	EMAIL			
CONTRACTOR NAME	STREET	CITY	STATE	ZIP
PHONE	EMAIL			VALUATION
ZONING INFORMATION	DISTRICT	PUD NO.	USE UNIT (S)	
LOT INFORMATION	FRONTAGE	AVE. DEPTH	PARKING SPACES	LOADING BERTHS
STRUCTURE SETBACK	FRONT (FROM CENTER LINE STREET)	SIDE	SIDE	REAR
ZONING OFFICER			FIRE MARSHAL	

SIGNATURE OF APPLICANT: _____ DATE: _____

(TYPE OR PRINT NAME OF APPLICANT SIGNING): _____

CHECK IF ATTACHING OWNER'S SIGNATURE AUTHORIZATION FORM

SIGNATURE OF PROPERTY OWNER(S): _____ DATE: _____

(PRINT NAME OF OWNER(S) SIGNING): _____

DO NOT WRITE IN THIS BOX

BXSUP- _____ DATE RECEIVED: _____ RECEIVED BY: _____ RECEIPT # _____

PLANNING COMMISSION DATE: _____ CITY COUNCIL DATE: _____

FEES: BASE FEE + ADDITIONAL

\$375 + # of SIGN(S) @ \$120.00 each _____ + notification

TOTAL:
