



CHAVES COUNTY/ETZ ZONING ORDINANCE

APPLICATION FOR A SPECIAL USE PERMIT

Case Number: _____ Date Received: _____ Fee: _____

Name of Property Owner: _____ Phone Number: _____

Mailing Address: _____

Name of Applicant: _____

Mailing Address: _____ Home Phone Number: _____

City, State, Zip: _____ Business Phone Number: _____

Applicant Status: Owner Agent Tenant Other _____

Site Address: _____ ETZ Chaves County

Property Legal Description: _____

UPN: _____

Present Land Use: _____

Intended Land Use: _____

Present Zoning: _____ Size of Development in Acres: _____

Reason for Request (Attach sheets if more space is needed): _____

Copy of Deed Attached:

I ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF THE DATES, TIMES, AND LOCATIONS OF THE PUBLIC MEETINGS WHICH I OR MY AGENT MUST ATTEND IN ORDER TO FULFILL THE REQUIREMENTS OF THIS APPLICATION.

Owner's Signature

Date