

CITY OF LULING  
509 E. Crockett Street  
Luling, Texas 78648  
(830) 875-2481 Fax (830) 875-2038

**CONDITIONAL USE PERMIT APPLICATION  
WITHIN THE CITY OF LULING, TEXAS**

DATE \_\_\_\_\_

CUP PERMIT # \_\_\_\_\_

Applicant: \_\_\_\_\_

Applicant address: \_\_\_\_\_

Applicant phone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Owner (If not applicant): \_\_\_\_\_

Owner address: \_\_\_\_\_

Owner phone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Property address: \_\_\_\_\_

Legal description: \_\_\_\_\_

Zoning classification: \_\_\_\_\_

Existing use of land and/or building(s): \_\_\_\_\_

Characteristics of proposed use, including indoor and outdoor facilities, anticipated occupancy, gross floor area, hours of operation, and any other relevant information. Attach additional sheets, if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permit Fee: \_\_\_\_\_

Signature: \_\_\_\_\_  
Applicant

Signature: \_\_\_\_\_  
Building official

Signature: \_\_\_\_\_  
Owner (if applicable)

\*\*\*\*\*FOR OFFICIAL USE ONLY\*\*\*\*\*

Date notices mailed: \_\_\_\_\_ Date notice published: \_\_\_\_\_

Planning & Zoning Commission meeting date: \_\_\_\_\_

Decision: \_\_\_\_\_

Conditions: \_\_\_\_\_

City Council meeting date: \_\_\_\_\_

Decision: \_\_\_\_\_

Conditions: \_\_\_\_\_

\_\_\_\_\_