

DEPARTMENT OF COMMUNITY DEVELOPMENT

OVERNIGHT STAY PERMIT APPLICATION

Project Address: _____

Legal Description: _____
 Tract Block Lot(s)

Include letter of authorization if applicant is not property owner:

Property Owner

Applicant or Agent

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

State & Zip: _____

State & Zip: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Name of Business: _____

Business Address: _____

Contact Person: _____

Business Phone: _____ Email: _____

Project Description: Describe the existing and any proposed improvements as they relate to this application. Include all relevant square footages, heights, and setbacks.

Height as defined by Code:	EXISTING	PROPOSED
In feet:	_____	_____
In stories:	_____	_____

Site size: _____ SQ. FT.

Describe parking available on site (number of spaces, location, etc.):

Distance from property lines: FRONT SIDE SIDE REAR

Existing: _____

Proposed: _____

Existing hours that patients are received (if applicable), including earliest and latest:

Requested hours during which patients would be received, including earliest and latest:

Number of employees, by shift: _____

Maximum patient capacity (number of patients at any time):

Location and amount of patient parking: _____

Location and amount of employee parking: _____

Is the surgery center adjacent to an R-4 zone? If so, specify how employees and patients will access the building after 6:00 PM:

Describe why or how the location of employee parking, patient parking, arrival and departure of patients, trash handling, lighting, loading and traffic will not substantially disrupt the peace and quiet of any residential neighborhood. Describe the potential for specialty clinic patient or employee parking in residential neighborhoods. Include any preventative actions the specialty clinic proposes to take. (Use additional sheets if necessary.)

List the types of surgery or procedures that will be performed at the specialty clinic:

Certification of applicant:

I, _____, have read and understand all statements. I am the property owner or the authorized agent associated with the subject project. I hereby declare (affirm) that the foregoing statements, facts, and attached plans and materials are true and correct.

Signature of property owner or authorized agent

Date

I, _____, am the property owner of the subject property. I have read and understand all foregoing statements, and hereby authorize the processing of this application.

Signature of Property Owner

Date