



Application for Land Development Permit

****Incomplete applications cannot be processed****

- Zoning Change
 Text Change
 Zoning Variance
 Planned Unit Development
 Conditional Use Permit
 Subdivision Plat
 Preliminary
 Final
 Amending

APPLICANT INFORMATION Check appropriate box(es)

Name: Greg Votaw - Attonement letter E-Mail: theoriginal.gregster@gmail.com
 Address: 2622 W 95th Rd, Suite #44 Fax #: N/A
 City: Seabrook
 State: Texas ZIP 77586 Phone: (409) 330-0587

Applicant is Owner of property Agent for Owner Agent for Purchaser Purchaser City of Seabrook

If Applicant is acting on behalf of Owner in this application, Owners signature below authorizes this application.

Owner(s): _____ Signature: _____
 Date: _____ Signature: _____

Owner(s) Mailing address(es): _____ Phone #: _____
 Name: _____ Name: _____
 Address: _____ Address: _____
 City: _____ City: _____
 State: _____ Zip _____ State: _____ Zip _____

PROPERTY INFORMATION

Property Address: _____
 Legal Description: Lot _____ Block _____
 Addition _____
 (You may attached Metes & Bounds description from your Deed if available)

Current Zoning Classification: _____ (Available from Building Department)
 Current Use of Property: _____ (Be specific)
 Number of existing Driveways: _____
 General Dimensions of Property: Width: _____ Depth: _____ Land Area: _____ Sq. Feet: _____ Acres: _____
 Adjoining Uses: North _____ South _____
 East _____ West _____
 Adjacent Streets: North _____ South _____
 East _____ West _____

Is the property served with: City Water? Yes No City Sewer? Yes No

OWNER/AGENT AFFIDAVIT

I have read and understand this application. I have familiarized myself with the applicable regulations, ordinances, and procedures and submit this application and accompanying documentation for consideration by the Planning Commission, Board of Adjustment, or the City Council of the city. I certify that I am the legal owner or agent of the Owner and have written or other legal authority to make this application.

Signed: Greg Votaw Date: 11-6-18

**ALL FEES MUST BE PAID AT THE TIME APPLICATION IS SUBMITTED
FEES ARE NON-REFUNDABLE OR TRANSFERABLE**

CONDITIONAL USE PERMIT

Conditional Use Permit Request: Please specify the exact use proposed for the property and the hours of operation planned on the property.

See Attached

Atonement Tattoo will provide the service of tattooing. All rules or methods of tattooing allowed by the Health Department, along with the laws of State of Texas, will be followed at this establishment. No exceptions.

No piercings will be done at this location at this time. No merchandise will be sold at this location such as (blown glass, tobacco/smoking products, tattoo supplies) or anything else that is potentially harmful to anyone outside of this establishment. No minors or anyone under the influence of drugs or alcohol is allowed to step foot inside this establishment. No exceptions.

Hours of operation will vary depending on what is agreed upon by the artist and client. Those hours will be reasonable and also comply with laws and regulations set forth by the Health Department, the State of Texas and the City of Seabrook. Any operation hours listed on any website, social media, or store front will be no earlier and no later than listed below.

11am-10pm (Monday-Saturday)

Closed Sunday