City of Glen Rose

Economic Development SUP Variance Application for Downtown District Overlay

Appli	cant Information
•	Business Name:
•	Applicant Name:
•	Phone: Email:
•	Mailing Address:
•	Business Owner (if different):
Prop	erty Information
•	Property Address / Legal Description:
•	Current Zoning District: □ B-1 □ B-2 □ B-3 Parcel ID (if known):
Propo	osed Use Information
•	Describe the proposed business or use:
•	Please describe how your business will contribute to Glen Rose's economic development goals (check all that apply):
	☐ Job Creation
	☐ Sales Tax Generation
	☐ Tourism Enhancement
	☐ Capital Investment
	☐ Revitalization of Existing Property
	Other (specify):

 Number of full-time jobs to be created: Number of part-time jobs to be created: Estimated capital investment: \$ 	
 Estimated annual sales tax revenue: \$	
supporting Attachments (required):	
Conceptual site plan or layout	
Written narrative of project scope and impact	
Business plan summary or pro forma (optional but encouraged)	
Any relevant images, renderings, or architectural concepts	
ignature:	
hereby certify that the information provided is true and accurate to the best of my knowledge and accurate to the best of my knowledge.	edge
nd that I am authorized to submit this application.	
ignature: Pate:	
ubmit to:	
City Administrator's Office	
City of Glen Rose, Texas	

201 NE Vernon Street, Glen Rose, TX 76043 Phone: (254) 897-2272 | Email: admin@glenrosetexas.org

i.Internal Use – Economic Development SUP Variance

Applicant Name:			
Project Address: Date Received:			
Date Received.			
Review Criteria		Notes	Staff Initials
All required documents submitted	□ Yes □ No		
Zoning district allows proposed use with SUP	□ Yes □ No		
Site plan or concept layout provided	☐ Yes ☐ No		
Meets minimum notice requirements under Ch. 211	☐ Yes ☐ No		
Economic impact narrative includes job creation, sales tax, or capital investment	□ Yes □ No		
Staff recommends expedited Council review	☐ Yes ☐ No		
Staff comments / concerns:			
Recommendation: □ Proceed to Council with staff s □ Recommend standard SUP pro □ Application incomplete – reture Reviewed by: □ Title:	ocess on for revision		
Date:			