

SPECIAL USE PERMIT (SUP) REQUEST APPLICATION

ADDRESS 27	12 BEE CAVES	S ROAD	Suite # 106	Rollingwood , TX 78746
Legal Description	on: Lot <u>5B</u>	Block	Subdivision S1528	54 LOT 5B *RESUB OF LTS 5A&6A WESTPARK SQUARE PROFESSIONAL CENTER PHS 2
	Attach F	Plat with Me	tes and Bounds of t	he Property.
Business Name	e for SUP PEP	ITA & PIQUII	N, LLC dba Pepita's Ca	fe & Bar
Contact NELIA	DELGADO C	RUZ		
Address <u>10016 (</u>	SERTRUDIS LC	OP	City/State/Zip	Austin, Texas 78747
Telephone		Cell512	2-784-3561	Email <u>pepitaypiquin@gmail.com</u>
Property Owner	- LAMY-COUI	NTRY VILLAG	GE LTD & RESACA PL	AZA LLC
Address 11701	3EE CAVES R	D STE 262	City/State/Zip	AUSTIN TX 78738-504
Telephone 51	2-452-8633	Cell	512-796-3956	Email clayrouth@yahoo.com
What is the busi	ness descriptio	on? <u>TEX-M</u> I	EX & AMERICAN FARI	E FULL BAR
Describe the cha	acter and/or na	ture of uses o	of surrounding property:	RESTAURANT/BAR
Will your use hav	e any adverse ir	mpacts to the	surrounding areas? Ye	es/No(Circle One)
Will your use hav	e any external ε	equipment? (E	EX: Cooking equipment	? Barbeque smokers?)

NO EXTERNAL EQUIPMENT



Has a previous application for a Special Use Permit been filed?

YES

V NO

If Yes, Date: _____

Planning and Zoning Commission/ City Council should approve this request for the following reasons:

We will provide homey, family-run cantina for familiar Mexican staples, frozen margaritas & lunch specials.

We have many years of experiance and several restraunts within the Central Texas area.

Owner Certification

I hereby agree to comply with all provisions of local, State, and Federal Laws will be complied with, whether herein specified or not. I certify that I am the owner of the above property or his duly authorized agent.

Clay Routh	Clay Routh		
(Printed Name)	0 (Signature)		
09 / 28 / 2023	512-796-3956	clayrouth@yahoo.com	
(Date)	(Telephone)	(Email)	

APPLICATION FILING INSTRUCTIONS

REQUIRED SUBMITTALS:

 $\hfill\square$ Completed application and signed by the owner

 $\hfill\square$ Permission letter from owner

 \square A letter to the Planning and Zoning Commission & City Council responding to <u>Sec. 107-400</u> & <u>Sec. 107-400</u> (if applicable)

Deliver application, attachments and fee to:

Development Services

THE CITY OF ROLLINGWOOD Phone +1 (512) 327-1838 403 Nixon Dr. Rollingwood, TX 78746-5512

Fees:

Special Use Permit: Notification Fee: Publication in Newspaper: \$ 700.00\$ 5.00 (per mailed notification)At Cost (Austin American Statesman)