

**Zoning District Change for Planned Development**

City of Euless  
201 N. Ector Drive  
Euless, Texas  
817-685-1684

**APPLICANT/AGENT:** Churchill Senior Communities, L.P.

Signature: 

Mailing Address: 5605 N. MacArthur Blvd Suite #: 580

City: Irving State: TX Zip Code 75038

Telephone ( 972 ) 550-7800 Fax ( 972 ) 550-7900

Email: LRucker@cri.bz

**OWNER:** Euless 183 JV

Signature: See attached consent letter

Mailing Address: 2904 Beauchamp Dr. Suite #: \_\_\_\_\_

City: Plano State: TX Zip Code 75093

Telephone ( 972 ) 365-5091 Fax ( 972 ) 403-1493

**PART 2 - PURPOSE OF PROPOSAL**

Amend ZONING REGULATIONS contained in section \_\_\_\_\_

Amend the OFFICIAL ZONING MAP by changing 6.25 acres of land currently zoned TX-10 to be zoned planned development (PD).

In what ways have conditions changed substantially since the current zoning was set for this property?  
To allow senior housing multi-family residential dwellings. Property has been for sale for Commercial Use for 25+ years with no sales

How would the proposed amendment promote the public welfare and encourage orderly city development?  
Euless has no affordable senior age restricted housing, yet has a large population of qualified seniors and adult children of aging parents.

Street Address of Property (if available): \_\_\_\_\_

LEGAL DESCRIPTION: Subdivision Name Oak Crest Estates  
Block(s) and Lot(s) Block 1, Lots A1, A2, and A3

Survey Name(s): A. J. Huitt Abstract No(s): A-709 Tract(s) A1, A2, A3

**PART 4. PROPOSED TYPE OF PROPOSED ZONING DISTRICT**

VACANT LAND     
  VACANT BUILDING     
  SINGLE FAMILY DWELLING     
  COMMERCIAL  
 MULTI-FAMILY DWELLINGS     
  INDUSTRIAL     
 OTHER: \_\_\_\_\_

**PART 5. AFFIRMATION**

I certify that the above information is correct and complete to the best of my knowledge and ability and that I will be fully prepared to present the above proposal at a Planning and Zoning Commission public hearing. I reserve the right to withdraw this proposal at any time by filing a written request with the Department of Planning and Development. I understand that 50% of my application fee will be refunded if my written request for withdrawal is received by the Department within 24 hours after the Planning and Zoning Commission public hearing.

Applicant, Owner or Authorized Agent *[Signature]* Date 6/19/12

**OFFICE RECEIVED**

Fee Paid:	Received By:	Date Received:	Case Number:	H.T.E. Number:
\$500 <sup>00</sup>	Alicia	6/25/12	12-03-PD	12-200000002