

Specific Use Permit

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

PART 1. APPLICANT INFORMATION

BUSINESS OWNER (Legal Entity): The City of Euless **dba** _____
 Official Address to send all City correspondence: 201 N. Ector **Suite** _____
 City: Euless **State:** Texas **Zip:** 76039
Applicant/Agent Name: Gary McKamie, City Manager
Mailing Address: 201 N. Ector **Suite:** _____
 City: Euless **State:** Texas **Zip:** 76039
Telephone (817) 685-1623 **Fax (817)** 685-1628 **Email:** mcollins@eulessstx.gov

PROPERTY OWNER (Please print): The City of Euless - Gary McKamie, City Manager
Signature: _____
Mailing Address: 201 N. Ector **Suite:** _____
 City: Euless **State:** Texas **Zip:** 76039
Telephone (817) 685-1623 **Fax (817)** 685-1628 **Email:** mcollins@eulessstx.gov

PART 2. PURPOSE OF PROPOSAL

In what ways have conditions changed substantially since the current zoning was set for this property?

 How would the proposed amendment promote the public welfare and encourage orderly city development?

PART 3. PROPERTY DESCRIPTION

Street Address of Property (if available): 300 W. Midway
LEGAL DESCRIPTION: Subdivision Name Midway City Park Addition **Block(s)** A **Lot(s)** 1
Survey Name(s): J.P. Halford Survey **Abstract No(s):** 711 **Tract(s):** _____

PART 4. PRESENT USE OF PROPERTY (CIRCLE ONE)

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

PART 5. ACKNOWLEDGMENTS

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 _____ Date _____

OFFICE USE ONLY:

Case Number: 12-10-SUP **Zoning Fee:** 0 **Date Submitted:** 7-30-12
 Accepted By: ADD **Current Zoning:** R-1 **Expiration Date:** _____

The Development Review Committee WILL NOT REVIEW any drawings that are missing any applicable check list items. Please mark all that apply and submit signed list with the application. Application will not be accepted unless this list is submitted.

RECEIVED
 JUL 30 2012
 CHICAGO