



Specific Use Permit

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

PART 1. APPLICANT INFORMATION

BUSINESS OWNER (Legal Entity): TEEN Collections dba Platos Closet
Official Address to send all City correspondence: 3508 Sentinel Oaks Rd Suite _____
City: Flower Mound State: TX Zip: 75022
Applicant/Agent Name: Joe Williams
Mailing Address: 3508 Sentinel Oaks Rd Suite: _____
City: Flower Mound State: TX Zip: 75022
Telephone (817) 876-1133 Fax (N/A) _____ Email: joe.williams@AECOM.com

PROPERTY OWNER (Please print): Inland Leasing, RPAI Southwest Management, LLS
Signature: _____
Mailing Address: 5741 Legacy Dr. Suite: 315
City: Plano State: TX Zip: 75024
Telephone (972) 801-6019 Fax (972) 429-9017 Email: Chris.VIA@RPAI.com

PART 2. PURPOSE OF PROPOSAL

In what ways have conditions changed substantially since the current zoning was set for this property?
Owner RAISED RENT substantially & offered larger location as substitute location at current rate. Same address different suite.

How would the proposed amendment promote the public welfare and encourage orderly city development?
Platos Closet has been a growing business in our current location for 12 years and look forward to moving into a larger area to provide a larger selection of product for our customers & growth to this area.

PART 3. PROPERTY DESCRIPTION

Street Address of Property (if available): 1301 West Glade
LEGAL DESCRIPTION: Subdivision Name _____ Block(s) _____ Lot(s) _____
Survey Name(s): _____ Abstract No(s): _____ 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: 12-15-SUP Zoning Fee: 0 Date Submitted: 11-2-2012
Accepted By: AJB Current Zoning: TX 121 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.