

**Specific Use Permit**

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

10996-644-9601  
Call 817-449-9601

**PART 1. APPLICANT INFORMATION**

**BUSINESS OWNER (Legal Entity):** SIT Auto Care, Inc. dba State Inspection and Tire  
 Official Address to send all City correspondence: 407 W. Euless Blvd. Suite \_\_\_\_\_ Shop \_\_\_\_\_  
 City: Euless State: TX Zip: 76040  
 Applicant/Agent Name: Aqeel Al Sbihawi  
 Mailing Address: 407 W. Euless Suite: \_\_\_\_\_  
 City: Euless State: TX Zip: 76040  
 Telephone (817) 449-961 Fax ( ) \_\_\_\_\_ Email: mrxa1@yahoo.com

**PROPERTY OWNER (Please print):** K S & E, Wright, Atkins, Riedinger, Lucas  
 Signature: [Signature] James D. Kuhn  
 Mailing Address: P. O. Box 7797 Suite: \_\_\_\_\_  
 City: Fort Worth State: TX Zip: 76111  
 Telephone (817) 335-9005 Fax (817) 878-2438 Email: sqlukacs@autoglasscenter.com

**PART 2. PURPOSE OF PROPOSAL**

In what ways have conditions changed substantially since the current zoning was set for this property?  
It was previously a mechanic shop and it will remain a mechanic shop in addition to a state inspection station and tire sales  
 How would the proposed amendment promote the public welfare and encourage orderly city development?  
 \_\_\_\_\_  
 \_\_\_\_\_

**PART 3. PROPERTY DESCRIPTION**

Street Address of Property (if available): 407 W. Euless, Euless, TX 76040  
 LEGAL DESCRIPTION: Subdivision Name Oakwood Terrace Addition Block(s) 1 Lot(s) A41R  
 Survey Name(s): \_\_\_\_\_ Abstract No(s): \_\_\_\_\_ Tract(s): \_\_\_\_\_ and A42R

**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 [Signature] Date \_\_\_\_\_

**OFFICE USE ONLY:**

Case Number: 15-06-SUP Zoning Fee: \$125.00 Date Submitted: 4/2/2015  
 Accepted By: [Signature] Current Zoning: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
HTE 15-3002006

**The Development Services Group 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.**