

Zoning District Change for Planned Development
City of Euless
201 N. Ector Drive
Euless, Texas
817-685-1684

PART 1. APPLICANT INFORMATION

APPLICANT/AGENT: Glade Lifestyle, LLC

Signature: _____

Mailing Address: 6723 Weaver Rd Suite #: 108

City: Rockford State: IL Zip Code 61114

Telephone (815) 387-3100 Fax (815) 398-5278

Email: zachknutson@nrockre.com

OWNER: Same as Applicant

Signature: _____

Mailing Address: _____ Suite #: _____

City: _____ State: _____ Zip Code _____

Telephone () _____ Fax () _____

PART 2. PURPOSE OF PROPOSAL

Amend ZONING REGULATIONS contained in section See Attached Exhibit

Amend the OFFICIAL ZONING MAP by changing _____ acres of land currently zoned _____ to be zoned _____.

In what ways have conditions changed substantially since the current zoning was set for this property?
Depicts new designs & practices for a quality lifestyle development under current standards

How would the proposed amendment promote the public welfare and encourage orderly city development?
Promote economic growth and pedestrian traffic in a town center atmosphere.

PART 3. PROPERTY DESCRIPTION

Street Address of Property (if available): See Attached Exhibit

LEGAL DESCRIPTION: Subdivision Name Glade Lakes
Block(s) and 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	
<p>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.</p>	
Applicant, Owner or Authorized Agent	 _____ Zachary Koutson, Vice President
	Date <u>7/28/15</u>

OFFICE USE ONLY:				
Fee Paid:	Received By:	Date Received:	Case Number:	H.T.E. Number:
\$500 ⁰⁰	Alicia	5/14/15	15-07-PD	15-200000007