

Specific Use Permit

City of Euless
201 N. Ector Drive
Euless, Texas
817-885-1684

PART 1. APPLICANT INFORMATION			
BUSINESS OWNER (Legal Entity): Grapevine Relief And Community Exchange dba GRACEful Buys			
Official Address to send all City correspondence: PO Box 412 Suite _____			
City: Grapevine	State: TX Zip: 76099		
Applicant/Agent Name: Shonda Shaefer/ David Mowers			
Mailing Address: 610 Shady Brook Dr Suite: _____			
City: Grapevine	State: TX Zip: 76099		
Telephone (817) 488-7009	Fax (817) 488-2181 Email: dmowers@gracegrapevine.com		
PROPERTY OWNER (Please print): Bobby + Tania Baker			
Signature: <i>[Signature]</i>			
Mailing Address: 405 Cullum Dr Suite: _____			
City: Euless	State: TX Zip: 76040		
Telephone (817) 475-0755	Fax () _____ Email: bobblas@gmail.com		
PART 2. PURPOSE OF PROPOSAL			
In what ways have conditions changed substantially since the current zoning was set for this property? <u>GRACE proposes the operation of a charity resale store at 700 W Euless Road. The money generated will be used to assist families in GRACE programs in NE Tarrant County.</u>			
How would the proposed amendment promote the public welfare and encourage orderly city development? <u>GRACE provides a discount shopping option for families as well as generating sales tax dollars for the city.</u>			
PART 3. PROPERTY DESCRIPTION			
Street Address of Property (if available): 700 W Euless Rd.			
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	<u>COMMERCIAL</u>
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: <i>[Signature]</i>			Date: 6/4/15
OFFICE USE ONLY:			
Case Number: 15-09-SUP	Zoning Fee: 2500	Date Submitted: June 8, 2015	
Accepted By: <i>[Signature]</i>	Current Zoning: _____	Expiration Date: NTE 15-300000	
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.			

