

Specific Use Permit

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

PART 1. APPLICANT INFORMATION

BUSINESS OWNER (Legal Entity): Karen Rodriguez-Rivera dba Chir tails Pet Boutique and Spa
 Official Address to send all City correspondence: 801 E. Mid Cities Blvd. Suite 600
 City: Euless State: TX Zip: 76039
 Applicant/Agent Name: Karen Rodriguez-Rivera
 Mailing Address: 801 E. Mid-Cities Blvd. Suite: 600
 City: Euless State: TX Zip: 76039
 Telephone (214) 814-5352 Fax () _____ Email: chirtails@gmail.com

PROPERTY OWNER (Please print): Sang Yoon Kwon
 Signature: Sang Yoon Kwon
 Mailing Address: 8827 Lindenwood Ln Suite: _____
 City: Irving State: TX Zip: 75063
 Telephone (469) 233-4989 Fax () _____ Email: paranvision@gmail.com

PART 2. PURPOSE OF PROPOSAL

In what ways have conditions changed substantially since the current zoning was set for this property?
To our understanding and information provided by the owner, it hasn't changed.

How would the proposed amendment promote the public welfare and encourage orderly city development?
By this proposal, it will provide the benefit of creating new employment in an area that wasn't even able to do in the past. It will educate, promote and create animal and pet health awareness aggressively in a the proposed area increasing value, safety and family responsibility.

PART 3. PROPERTY DESCRIPTION

Street Address of Property (if available): 801 E. Mid Cities Blvd. Ste. 600 Euless, TX, 76039
 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 [Signature] Date 5/13/13

OFFICE USE ONLY:

Case Number: 13-06-SUP Zoning Fee: \$2500 Date Submitted: 5/13/2013
 Accepted By: Alicia Current Zoning: C-2 Expiration Date: _____
HTE 13-3000007

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.

