

Specific Use Permit

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

PART 1. APPLICANT INFORMATION *Fast recycling / surf way oil.*

BUSINESS OWNER (Legal Entity): *N-k Entire Auto InBe, Inc dba Entire Auto center*
 Official Address to send all City correspondence: *316 N. Euless Main* Suite _____
 City: *Euless* State: *TX* Zip: *76039*
 Applicant/Agent Name: *Nedal OMAR Darsalem*
 Mailing Address: *2525 Hwy 360 Apt. 218* Suite: _____
 City: *Euless* State: *TX* Zip: *76039*
 Telephone () _____ Fax () _____ Email: *SalemNedal@yahoo.com*

PROPERTY OWNER (Please print): *SAVERIO ALFIERI*
 Signature: *[Signature]*
 Mailing Address: *103 pinian Dr* Suite: *TX*
 City: *Euless* State: *TX* Zip: *76039*
 Telephone (817) *320-8011* Fax () _____ Email: *SAVERIOWAY@YAHOO.COM*

PART 2. PURPOSE OF PROPOSAL

In what ways have conditions changed substantially since the current zoning was set for this property?
Nothing

How would the proposed amendment promote the public welfare and encourage orderly city development?

PART 3. PROPERTY DESCRIPTION

Street Address of Property (if available): *316 N. Euless Main St.*
 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 *03/16/15*

OFFICE USE ONLY:

Case Number: *1505-SUP* Zoning Fee: *\$2500* Date Submitted: *March 16, 2015*
 Accepted By: *[Signature]* Current Zoning: _____ Expiration Date: _____
HTB 15-300000025

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.

RECEIVED
MAR 16 2015
 BY: _____

314 Main St
Ewless Tx 74039.

ALIGNMENT BRAKES OIL CHANGE

ENTIRE AUTO CENTER

Castrol



Mobil 1

314 Main
BLOOD'S
REPAIR

