

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

PART 1. APPLICANT INFORMATION	
APPLICANT/AGENT: <u>Glade Lifestyle, LLC</u>	
Signature: _____	
Mailing Address: <u>6723 Weaver Rd</u> Suite #: <u>108</u>	
City: <u>Rockford</u> State: <u>IL</u> Zip Code <u>61114</u>	
Telephone (<u>815</u>) <u>387-3100</u> Fax (<u>815</u>) <u>398-5278</u>	
Email: <u>zachknutson@nrockre.com</u>	
OWNER: Same as Applicant	
Signature: _____	
Mailing Address: _____ Suite #: _____	
City: _____ State: _____ Zip Code _____	
Telephone () _____ Fax () _____	
PART 2. PURPOSE OF PROPOSAL	
<input type="checkbox"/> Amend ZONING REGULATIONS contained in section <u>See Attached Exhibit</u>	
<input type="checkbox"/> 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? <u>Depicts new designs & practices for a quality lifestyle development under current standards</u>	
How would the proposed amendment promote the public welfare and encourage orderly city development? <u>Promote economic growth and pedestrian traffic in a town center atmosphere.</u>	
PART 3. PROPERTY DESCRIPTION	
Street Address of Property (if available): <u>See Attached Exhibit</u>	
LEGAL DESCRIPTION: Subdivision Name <u>Glade Forker</u> 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 <u></u>	Date <u>7/28/15</u>
<i>Zachary Knutson, Vice President</i>	

OFFICE USE ONLY:				
Fee Paid:	Received By:	Date Received:	Case Number:	H.T.E. Number: