

Specific Use Permit

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

RECEIVED NOV 02 2016

PART 1. APPLICANT INFORMATION

BUSINESS OWNER (Legal Entity): James V. Hartman Jr dba _____
 Official Address to send all City correspondence: 230 Vine St Suite: 2
 City: Euless State: TX Zip: 76040
Applicant/Agent Name: James V. Hartman Jr
 Mailing Address: 230 Vine St Suite: 2
 City: Euless State: TX Zip: 76040
 Telephone (817) 267-9181 Fax (817) 354-7566 Email: _____

PROPERTY OWNER (Please print): Doug Newton Jr
 Signature: _____
 Mailing Address: 3260 Rustic Oak Suite: _____
 City: San Antonio State: TX Zip: 78261
 Telephone (210) 771-3711 Fax () _____ Email: _____

PART 2. PURPOSE OF PROPOSAL

In what ways have conditions changed substantially since the current zoning was set for this property?

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

PART 3. PROPERTY DESCRIPTION

Street Address of Property (if available): _____
 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 11-2-16

OFFICE USE ONLY:

Case Number: 10-20-SUP Zoning Fee: Ø Date Submitted: 11-2-16
 Accepted By: TW Current Zoning: _____ Expiration Date: _____

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.

P+Z 11/AM/16, CC 12/13/16