

Specific Use Permit

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

PART 1. APPLICANT INFORMATION

BUSINESS OWNER (Legal Entity): CS EULESS HOSPITALITY dba _____
 Official Address to send all City correspondence: 421 AIRPORT FREEWAY Suite _____
 City: EULESS State: TX Zip: 76040
 Applicant/Agent Name: RAHUL SHARMA
 Mailing Address: 421 AIRPORT FREEWAY Suite: _____
 City: EULESS State: TX Zip: 76040
 Telephone (817) 836-4040 Fax () _____ Email: rahul@moehospitality.com
rahul@moehospitality.com

PROPERTY OWNER (Please print): MANNY SINGH
 Signature: MANNY SINGH
 Mailing Address: 438 CAVE RIVER DR Suite: _____
 City: MURPHY State: TX Zip: 75094
 Telephone (972) 535 6400 Fax (214) 207-0061 Email: manny@moehospitality.com

PART 2. PURPOSE OF PROPOSAL

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

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

PART 3. PROPERTY DESCRIPTION

Street Address of Property (if available): 421 AIRPORT FREEWAY EULESS TX - 76040
 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 02/14/11

OFFICE USE ONLY:

Case Number: 11-02-SUD Zoning Fee: \$250.00 Date Submitted: 2/10/11
 Accepted By: HH Current Zoning: C-2 Expiration Date: _____

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.