

Specific Use Permit

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

PART 1. APPLICANT INFORMATION

BUSINESS OWNER (Legal Entity): Parra Car Care dba
 Official Address to send all City correspondence: 219 W Euless Blvd Suite _____
 City: Euless State: TX Zip: 76040
 Applicant/Agent Name: Robert Parra
 Mailing Address: 219 W Euless Blvd Suite: _____
 City: Euless State: TX Zip: 76040
 Telephone (817) 994-1425 Fax (817) 545-3860 Email: Bparra.3@yahoo.com

PROPERTY OWNER (Please print): Robert Parra
 Signature: _____
 Mailing Address: _____ Suite: _____
 City: Same as above State: _____ Zip: _____
 Telephone () _____ 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): 209 W Airport Frwy Euless TX (formerly)
 LEGAL DESCRIPTION: Subdivision Name Casa Bonita Addition / Block(s) 2 Lot(s) 1 National
 Survey Name(s): _____ Abstract No(s): _____ Tract(s): _____ Transwestern

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 5/18/11

OFFICE USE ONLY:

Case Number: #11-07-SUP Zoning Fee: \$250.00 Date Submitted: 5/20/11
 Accepted By: [Signature] Current Zoning: TX-10 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.