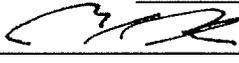


Zoning District Change for Planned Development
City of Euless
201 N. Ector Drive
Euless, Texas
817-685-1684

PART 1. APPLICANT INFORMATION

APPLICANT/AGENT: GLADE 121, LP

Signature:  President of Manager of G.P.

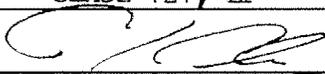
Mailing Address: 4949 HARRISON AVENUE Suite #: 200

City: ROCKFORD State: IL Zip Code 61108

Telephone () 815/387-3100 Fax () 815/398-5278

Email: _____

OWNER: GLADE 121, LP

Signature:  Pres. of Manager of G.P.

Mailing Address: 4949 HARRISON AVENUE Suite #: 200

City: ROCKFORD State: IL Zip Code 61108

Telephone () 815/387-3100 Fax () 815/398-5278

PART 2. PURPOSE OF PROPOSAL

Amend ZONING REGULATIONS contained in ~~section~~ Glade Parks Planned Development District pursuant to proposed amendment attached hereto as Exhibit A.

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?

Additional information and site specific data and plans are now available.

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

By establishing reasonable setback and distance criteria for future gas well pad site taking into account the unique characteristics of the site and its relationship to the overall development.

PART 3. PROPERTY DESCRIPTION

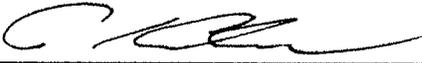
Street Address of Property (if available): See legal description from existing Glade Parks Planned Development District

LEGAL DESCRIPTION: Subdivision Name _____

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	
	Date _____

OFFICE USE ONLY:				
Fee Paid:	Received By:	Date Received:	Case Number:	H.T.E. Number:
		11/31/12	12-01-PD	12-20000001