

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

PART 1. APPLICANT INFORMATION			
APPLICANT/AGENT: Myceskie McInnis Associates-Jacob Sumpter, AICP Signature: <u><i>[Signature]</i></u> Mailing Address: 200 East Abram Street Suite # _____ City: Arlington State: TX Zip Code 76010 Telephone 817) 469-1671 Fax 817) 274-8757 Email: jsumpter@mmatexas.com			
PROPERTY OWNER: W.R. Rose Investments Inc. Trust Signature: _____ Mailing Address: 12820 Hillcrest Road Suite # 129 City: Dallas State: TX Zip Code 75230 Telephone (214) 954-1100 Fax (214) 954-0011 Email: BillR@roseinv.com			
PART 2. PURPOSE OF PROPOSAL			
<input type="checkbox"/> Amend ZONING REGULATIONS contained in section _____ <input type="checkbox"/> Amend the OFFICIAL ZONING MAP by changing 1.38 acres of land currently zoned C-1 to be zoned R-1			
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): 900 North Main Street			
LEGAL DESCRIPTION: Subdivision Name Harwood Crossing Block(s) 1 Lot(s) 5			
Survey Name(s) Soloman Huitt Abstract No(s) 705 Tract(s) NA			
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 <u>W.R. Rose</u> Date <u>4/7/2016</u>			
OFFICE USE ONLY:			
Fee Paid: <u>500.00</u>	Received By: <u>Mollie</u>	Date Received: <u>RECEIVED APR 12 2016</u>	Case Number: <u>16-01-2C</u>
			H.T.E. Number: <u>16-1000001</u>