

Specific Use Permit

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

PART 1. APPLICANT INFORMATION

BUSINESS OWNER (Legal Entity): Grapevine Relief And Community Exchange dba GRACEful Buys
 Official Address to send all City correspondence: PO Box 412 Suite _____
 City: Grapevine State: TX Zip: 76099
 Applicant/Agent Name: Shonda Schaefer/ David Mowers
 Mailing Address: 610 Shady Brook Dr Suite: _____
 City: Grapevine State: TX Zip: 76099
 Telephone (817) 488-7009 Fax (817) 488-2181 Email: dmowers@gracegrapevine.org

PROPERTY OWNER (Please print): Bobby Baker
 Signature: _____
 Mailing Address: 405 Cullum Drive Suite: _____
 City: Euless State: TX Zip: 76040
 Telephone (817) 475-0755 Fax () _____ Email: bobby@ezdocketexas.com

PART 2. PURPOSE OF PROPOSAL

In what ways have conditions changed substantially since the current zoning was set for this property?
GRACE proposes to continue the operation of a charity resale store at 700 W. Euless Road. The money generated will be used to assist families in GRACE programs in NE Tarrant County.

How would the proposed amendment promote the public welfare and encourage orderly city development?
GRACE provides a discount shopping option for families as well as generating sales tax dollars for the city.

PART 3. PROPERTY DESCRIPTION

Street Address of Property (if available): 700 W Euless Rd.
 LEGAL DESCRIPTION: Subdivision Name Park Crestmore Addition Block(s) 2 Lot(s) 24R-6
 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 5/20/16

OFFICE USE ONLY:

Case Number: 16-13-SUP Zoning Fee: 125.00 Date Submitted: 6/1/16 **CHK # 25792**
 Accepted By: Mollie Current Zoning: TX-10 Expiration Date: _____
HTE # 16-30000012 **FE # 231,89**

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.