

Specific Use Permit

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

PART 1. APPLICANT INFORMATION

BUSINESS OWNER (Legal Entity): Swami Shreeji Hospitality LLC dba Best Western Plus
 Official Address to send all City correspondence: 421 Airport Freeway Suite _____
 City: Euless State: Texas Zip: 76040
 Applicant/Agent Name: Allen Boswe
 Mailing Address: 421 Airport Freeway Suite: _____
 City: Euless State: Texas Zip: 76040
 Telephone (817) 836-4040 Fax () _____ Email: 44719@hotel.bestwestern.com

PROPERTY OWNER (Please print): Ravesh Patel
 Signature: _____
 Mailing Address: 2627 Hopkins Drive Suite: _____
 City: Grand Prairie State: Texas Zip: 75052
 Telephone (817) 836-4040 Fax () _____ Email: _____

PART 2. PURPOSE OF PROPOSAL

In what ways have conditions changed substantially since the current zoning was set for this property?
NONE; THIS IS A SIMPLE CHANGE IN OWNERSHIP. THE CURRENT FLAG SHALL STAY THE SAME

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 421 W. Airport Freeway
 LEGAL DESCRIPTION: Subdivision Name Vine Addition Block(s) A Lot(s) 1
 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: Limited Service Hotel

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 05/12/16

OFFICE USE ONLY:

Case Number: 16-14-SUP Zoning Fee: 250.00 Date Submitted: 4/2/16 MK #1012
 Accepted By: Mollie Current Zoning: C-2 Expiration Date: _____
16-30000013

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.