Zoning District Change Application

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

PART 1. APPLICANT INFORMATION

APPLICANT/AGENT: Ignacio Diaz
Signature: Ignacio Diaz
Mailing Address: 109 E. Fuller Dr. Suite #:
City: Euless State: TX Zip Code 76039
Telephone (817) 975-6117 Fax ( ) Email: many-ruiz@hotmail.com
558-270-7999 beth.lefriant@yahoo

PROPERTY OWNER: Silvestra Alvarado
Signature: Silvestra Alvarado
Mailing Address: 109 E. Fuller Dr. Suite #:
City: Euless State: TX Zip Code 76039
Telephone (817) 975-6117 Fax ( ) Email: many-ruiz@hotmail.com
Beth 558-270-7999

PART 2. PURPOSE OF PROPOSAL

- ☐ Amend ZONING REGULATIONS contained in section _____
- ☐ Amend the OFFICIAL ZONING MAP by changing _____ acres of land currently zoned R-1 (Single family) to be zoned C-1 (Neighborhood).

In what ways have conditions changed substantially since the current zoning was set for this property?
The reconstruction of SH 183 has led to a reconfiguration of the frontage road and adjacent properties. Therefore this parcel's rezoning would be beneficial to maintaining an economic development presence on the hard corner.

How would the proposed amendment promote the public welfare and encourage orderly city development?
With the potential abandonment of Fuller Drive and the expansion of SH 183, redevelopment of this lot would encourage the efficient use of land.

PART 3. PROPERTY DESCRIPTION

Street Address of Property (if available): 109 E Fuller Dr

LEGAL DESCRIPTION: Subdivision Name Westwood Village Block(s) 5 Lot(s) 6

Survey Name(s): Solomon Huitt Survey Abstract No(s): 705 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 _____ Date _____

OFFICE USE ONLY:

Fee Paid:	Received By:	Date Received:	Case Number:	H.T.E. Number:
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