

**Specific Use Permit**

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

RECEIVED NOV 30 2015

**PART 1. APPLICANT INFORMATION**

**BUSINESS OWNER (Legal Entity):** The Unison Group LLC dba La Quinta Inn and Suite  
 Official Address to send all City correspondence: 431 Airport Fwy Suite \_\_\_\_\_  
 City: Euless State: TX Zip: 76040  
 Applicant/Agent Name: Sajid Salimi  
 Mailing Address: 431 Airport Fwy Suite: \_\_\_\_\_  
 City: Euless State: TX Zip: 76040  
 Telephone (918 ) 812-9688 Fax ( ) \_\_\_\_\_ Email: sajid\_ss@hotmail.com

**PROPERTY OWNER (Please print):** The Unison Group LLC  
 Signature: \_\_\_\_\_  
 Mailing Address: 6204 West Orlando Street Suite: \_\_\_\_\_  
 City: Broken Arrow State: OK Zip: 74011  
 Telephone (918 ) 812-9688 Fax ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**PART 2. PURPOSE OF PROPOSAL**

In what ways have conditions changed substantially since the current zoning was set for this property?  
New Owner

How would the proposed amendment promote the public welfare and encourage orderly city development?  
Make changes in the best interest of the general welfare of the City Of Euless.

**PART 3. PROPERTY DESCRIPTION**

Street Address of Property (if available): 431 Airport Fwy Euless TX. 76040  
 LEGAL DESCRIPTION: Subdivision Name Vine Subdivision Block(s)<sup>A</sup> \_\_\_\_\_ Lot(s)<sup>3</sup> \_\_\_\_\_  
 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 11-30-15

**OFFICE USE ONLY:**

Case Number: 15-12-SUP Zoning Fee: 250.00 Date Submitted: 11/30/15  
 Accepted By: [Signature] Current Zoning: C-2 Expiration Date: \_\_\_\_\_

**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.**