



SPECIFIC USE PERMIT (SUP) APPLICATION

SECTION 1. APPLICANT/OWNER INFORMATION

Please Print or Type

Applicant/Developer: MANS 769 BANDIT TRAIL LLC

Street Address: 12300 FORD ROAD SUITE 131

City: FARMERS BRANCH State: TX Zip: 75234

Telephone: 817-637-1041 Fax: _____ E-mail: nnanghani@URGENTCARE240.com

Applicant's Status: (Check One) Owner Tenant Prospective Buyer

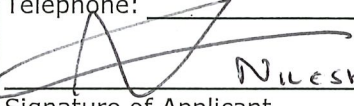
Property Owner must sign the application or submit a notarized letter of authorization.

Owner: SAME AS APPLICANT

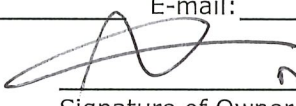
Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ E-mail: _____


Signature of Applicant NILESH NANGRANI

Date: 6/14/2021


Signature of Owner NILESH NANGRANI

Date: 6/14/2021

SECTION 2. PERMIT REQUEST INFORMATION

Property Location: 769 BANDIT TRAIL, KELLER TX 76248

Legal Description: _____

Lot(s): _____ Block(s): _____ Subdivision Name: _____

Unplatted Property Description: _____

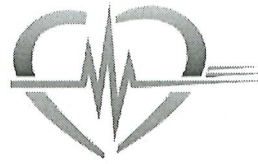
Abstract Name & Number: _____ Tract Number(s): _____

If property is not platted, please attach a metes and bounds description.

Current Zoning: MINOR MEDICAL EMERGENCY CLINIC Proposed Zoning: MINOR MEDICAL EMERGENCY CLINIC

Current Use of Property: WAS AN URGENT CARE THAT CLOSED OVER 1 YEAR AGO

Proposed Use of Property: SIMILAR MODEL URGENT CARE & MED SPA.



UrgentCare2go.com
Quality Care Delivered To Your Doorstep

June 15, 2021

Respected Members of Planning and Zoning Commission and City Council,

This letter is an attachment to our SUP application for a property we recently acquired on 769 Bandit Trail, Keller, TX. The building and structure were being used as an urgent care facility. Our plan is to continue using the building as an urgent care facility, Med Spa and Primary care clinic under the brand name UrgentCare2go and Zeal-To-Heal. Both brand names are under the same entity UrgentCare2go.com LLC and will share the employees and entire building. List of services can be found on the website Zeal-To-Heal.com and UrgentCare2go.com. Also, list of services offered are attached on here as attachment A. We plan on making no structural changes to the building, drainage, paving, sidewalks, or parking lot. Our hours of operation will be 9:00 am – 9:00 pm seven days a week. The clinic will be staffed by 2-3 employees through out the day, in different shifts.

The use is harmonious and compatible with surrounding business that currently operate as a Dental Clinic and Physical Therapy clinic. We have been operating UrgentCare2go and Zeal-To-Heal clinic in Farmers Branch, TX since 2018.

Please, feel free to contact us for any additional questions at nnanrani@urgentcare2go.com or my direct line at 817-637-1041

Nileshe Nangrani D.O.
Founder & CEO

12200 Ford Road, Suite A482

Farmers Branch, TX 75234

817-508-8169

nnanrani@UrgentCare2go.com



UrgentCare2go.com

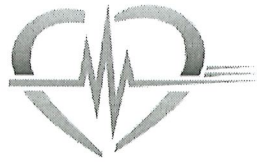
Quality Care Delivered To Your Doorstep

Attachment A

What We Treat at UrgentCare2go

We can evaluate and treat most **non-life-threatening** medical illness for example:

- Allergic reaction
- Asthma
- Allergies
- Back Pain
- Blood in Urine
- Bronchitis
- Constipation
- Congestion
- Cough
- Dental Pain
- Ear Pain
- Ear Wax Removal
- Fever
- Flu
- Frequent Urination
- Genital Rash
- Hair Loss
- Hay Fever
- Headache
- Medication Refill (non narcotic)
- Menstrual Cramps
- Muscle Cramps
- Nausea
- Nose Bleed
- Pain
- Penile discharge
- Pink Eye
- Rash
- Sinus Infection
- Sore Throat
- STD Exposure
- Strep Throat
- Sun Exposure
- TMJ Pain
- Toothache
- Upper Respiratory Infection
- Urinary Tract Infection
- Vaginal Bleed
- Vaginal Discharge
- Vertigo
- Vomiting



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- Wheezing

Injury

- Ankle sprain
- Burns
- Cuts(requires physician house call)
- Contusion
- Muscle pain
- Sprain
- Strain
- Spasm

Acupuncture (Requires Physician House Call)

- Abdominal pain
- Acute pain
- Addiction
- Allergies
- Anxiety
- Arthritis
- Auricular treatment
- Back pain
- Chronic pain
- Cosmetic
- Depression
- Frozen shoulder
- Hangover
- Headache
- Infertility
- Insomnia
- Menstrual cramps
- Migraines
- Opioid addiction
- Recurrent infections
- Relaxing treatment
- Smoking cessation

Wellness & Prevention

- Anti-aging
- Burns
- Annual Labs
- Blood pressure control
- Diabetes prevention
- Diabetes control
- Hormone therapy



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- Immunizations
- Menopause
- Nutrigenomic genetic testing
- Thyroid dysfunction
- Weight loss

What We Treat at Zeal-To-Heal

Acupuncture

Cosmetic Treatment

COVID-19 Screening

General Wellness

Hormones Therapy

IV Therapy

Osteopathic Manipulation

Urgent Care

Weight Loss

FIGURE 4.01 - Trip Generation Data Form (Part 1)

Part A - Street System Improvements

ite Institute of Transportation Engineers

Trip Generation Data Form (Part 1)

URGENT CARE 290

Land Use/Building Type: ¹ URGENT CARE - MEDICAL OFFICE	ITE Land Use Code: 630 - MEDICAL (CLINIC)
Source: DEVELOPER	Source No. (by ITE): 19.98 440
Name of Development: 769 BANDIT TRL	Day of the Week: 7 DAYS / WEEK OPEN
City: KELLER State/Province: TX Zip/Postal Code:	Day: Month: Year:
Country: USA	Metropolitan Area: DALLAS - FORT WORTH

1. For fast-food land use, please specify if hamburger- or nonhamburger-based.

Location Within Area:				Detailed Description of Development: ³					
<input type="checkbox"/> (1) CBD	<input checked="" type="checkbox"/> (3) Suburban (Non-CBD)	<input type="checkbox"/> (5) Rural		MEDICAL OFFICE SPACE W/IN SMALL MULTI-TENANT MULTI-BUILDING OFFICE PARK. EXITS TO RESIDENTIAL COLLECTOR (BANDIT) IMMEDIATELY ADJACENT TO URBAN HIGHWAY (DAVIS BLVD.)					
<input type="checkbox"/> (2) Urban (Non-CBD)	<input type="checkbox"/> (4) Suburban CBD	<input type="checkbox"/> (6) Freeway Interchange Area (Rural)							
								<input type="checkbox"/> (7) Not Given	
Independent Variable: (include data for as many as possible) ²				Actual	Estimated	Actual	Estimated		
4 (1) Employees (#)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(10) Parking Spaces (#)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(2) Persons (#)	<input type="checkbox"/>	<input type="checkbox"/>	(11) Occupied Beds (#)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(3) Units (#)	<input type="checkbox"/>	<input type="checkbox"/>	(12) Seats (#)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(4) Occupied Units (#)	<input type="checkbox"/>	<input type="checkbox"/>	(13) Servicing Positions/Vehicle Fueling Positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(5) Building Area (gross sq. ft.)	<input type="checkbox"/>	<input type="checkbox"/>	(14) Shopping Center % Out-parcels/pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(% of development occupied _____)			(15) AM Peak Hour Volume of Adjacent Street Traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4500 (6) Net Rentable Area (sq. ft.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(16) PM Peak Hour Volume of Adjacent Street Traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(7) Gross Leasable Area (sq. ft.)	<input type="checkbox"/>	<input type="checkbox"/>	(17) Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(8) Occupied Gross Leasable Area (sq. ft.)	<input type="checkbox"/>	<input type="checkbox"/>	(18) Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
(9) Acres	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

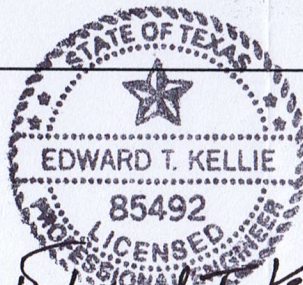
2. Definitions for several independent variables can be found in the Trip Generation User's Guide.

3. Please provide all pertinent information that helps to describe the subject project. If necessary, attach a detailed report.

Other Data:		Transportation Demand Management (TDM) Information:	
Vehicle Occupancy (#) AM _____ PM _____ 24-hour % Percent by Transit: AM % _____ PM % _____ 24-hour % Percent by Carpool/Vanpool: AM % _____ PM % _____ 24-hour %		At the time of this study, was there a TDM program (that may have impacted the trip generation characteristics of this site) under way? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please check appropriate box/boxes, describe the nature of this TDM program(s) and provide a source for any studies that may help quantify this impact. Attach additional sheets if necessary)	
Full-time Employees by Shift:		<input type="checkbox"/> (1) Transit Service	
First Shift: Start Time _____ End Time _____ Employees (#) 4		<input type="checkbox"/> (2) Carpool Programs	<input type="checkbox"/> (5) Employer Support Measures
Second Shift: Start Time _____ End Time _____ Employees (#) 4		<input type="checkbox"/> (3) Vanpool Programs	<input type="checkbox"/> (6) Preferential HOV Treatments
Third Shift: Start Time _____ End Time _____ Employees (#) 4		<input type="checkbox"/> (4) Bicycle/Pedestrian Facilities and Site Improvements	<input type="checkbox"/> (7) Transit and Ridesharing Incentives
Parking Cost on Site: Hourly _____ Daily _____		<input type="checkbox"/> (8) Parking Supply and Pricing Management	<input type="checkbox"/> (9) Tolls and Congestion Pricing
			<input type="checkbox"/> (10) Variable Work Hours/Compressed Work Weeks
			<input type="checkbox"/> (11) Telecommuting
			<input type="checkbox"/> (12) Other _____

Please Complete Form on Other Side

KELLIE ENGINEERING, INC.
F-7585
P.O. Box 471898
FORT WORTH, TX 76147
TEL. 817-455-1396



Edward T. Kellie
6.21.2021
P. 34 2021



FIGURE 4.02 - Trip Generation Data Form (Part 2)

Part A - Street System Improvements

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Trip Generation Data Form (Part 2)

LAND USE 630
ITE

Summary of Driveway Volumes (All = All Vehicles Counted; Trucks = Heavy Duty Trucks & Buses)

	Average Weekday (M-F)						Saturday						Sunday						
	Enter		Exit		Total		Enter		Exit		Total		Enter		Exit		Total		
	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	
24-Hour Volume	70		70		140		70		70		140		70		70		140		
A.M. Peak Hour of Adjacent Street Traffic (7-9) Time:	2		2		4														
P.M. Peak Hour of Adjacent Street Traffic (4-6) Time:																			
A.M. Peak Hour: Generator ² Time: 7-9 AM	2		2		4														
P.M. Peak Hour: Generator Time: 4-6 PM	12		12		24														
No. of Days Counted																			

1, 2. Please refer to the Trip Generation User's Guide for a definition of the terms.

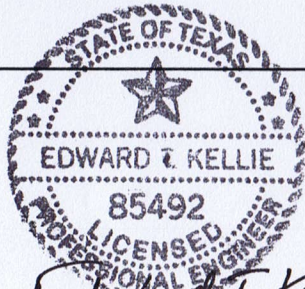
Detailed Driveway Volumes—Average Weekday (M-F)

A.M. Period	Enter		Exit		Total		Mid-Day Period	Enter		Exit		Total		P.M. Period	Enter		Exit		Total	
	All	Trucks	All	Trucks	All	Trucks		All	Trucks	All	Trucks	All	Trucks		All	Trucks	All	Trucks	All	Trucks
6:00-6:15							11:00-11:15							3:00-3:15						
6:15-6:30							11:15-11:30							3:15-3:30						
6:30-6:45							11:30-11:45							3:30-3:45						
6:45-7:00							11:45-12:00							3:45-4:00						
7:00-7:15							12:00-12:15							4:00-4:15						
7:15-7:30							12:15-12:30							4:15-4:30						
7:30-7:45							12:30-12:45							4:30-4:45						
7:45-8:00							12:45-1:00							4:45-5:00						
8:00-8:15							1:00-1:15							5:00-5:15						
8:15-8:30							1:15-1:30							5:15-5:30						
8:30-8:45							1:30-1:45							5:30-5:45						
8:45-9:00							1:45-2:00							5:45-6:00						
9:00-9:15														6:00-6:15						
9:15-9:30														6:15-6:30						

Please attach any additional site information or comments regarding special site characteristics, if available.
 Check if additional information is attached.

Survey conducted by: Name: EDWARD T. KELLIE
 Organization: KELLIE ENGINEERING, INC
 Address: P.O. Box 471898
 City/State/Zip: FORT WORTH, TX 76147
 Telephone #: 817-455-1396 Fax #: _____ E-mail: ekellie@kellie-engineering.com

KELLIE ENGINEERING, INC.
 F-7585
 P.O. Box 471898
 FORT WORTH, TX 76147
 TEL 817-455-1396



Edward T. Kellie
 6.21.2021

