



SPECIFIC USE PERMIT (SUP) APPLICATION

SECTION 1. APPLICANT/OWNER INFORMATION
Please Print or Type

Applicant/Developer: Jennifer Land Wellness LLC (DBA Keller Prenatal massage)
Street Address: 3924 Polar Brook Dr (owner Jennifer Land)
City: Fort Worth State: TX Zip: 76244
Telephone: 432-770-0611 Fax: _____ E-mail: _____
Applicant's Status: (Check One) Owner Tenant Prospective Buyer

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

Owner: Ronald W Lee & Phyllis Lee
Street Address: 123 E Vine
City: Keller State: Tx Zip: 76248
Telephone: 817-896-3955 Fax: _____ E-mail: R. Lee

[Signature]
Signature of Applicant
Date: 10/8/2022

[Signature] Ronald W Lee
Signature of Owner Printed Name of Owner
Date: 10/4/22

Phyllis Lee
[Signature]

SECTION 2. PERMIT REQUEST INFORMATION

Property Location: 140 Pecan Street, Keller, TX 76248 (Suite B)
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: _____ Proposed Zoning: _____
Current Use of Property: executive suites
Proposed Use of Property: prenatal massage therapy in Suite B