



SPECIFIC USE PERMIT (SUP) APPLICATION

SECTION 1. APPLICANT/OWNER INFORMATION
Please Print or Type

Applicant/Developer: Alamo System Industries, LLC
Street Address: 3405 S. Jackson Rd
City: Pharr State: TX Zip: 78577
Telephone: (956) 702-4111 Fax: _____ E-mail: vince.o@alamosystemllc.com
Applicant's Status: (Check One) Owner Tenant Prospective Buyer

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

Owner: James Scheifley
Street Address: 1100 Whitley Road
City: Keller State: TX Zip: _____
Telephone: _____ Fax: _____ E-mail: _____

Signature of Applicant: [Signature]
Date: 3/25/19

Signature of Owner: [Signature] Printed Name of Owner: Dr. William James Scheifley
Date: 3/25/2019

SECTION 2. PERMIT REQUEST INFORMATION

Property Location: 1100 Whitley Road
Legal Description:
Lot(s): 7 Block(s): A Subdivision Name: Keller Plaza
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: _____
Proposed Use of Property: _____

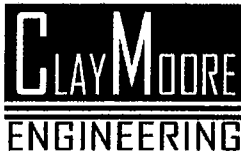
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APR 01 2019
BY: 4:45pm

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SECTION 3. CHECKLIST

(Please provide each of the items below & initial next to each item)

<input checked="" type="checkbox"/>	The application fee
<input checked="" type="checkbox"/>	Seven (7) 22" x 34" or 24" x 36" copies are needed, collated and folded to 9" x 12" paper size; electronic copy is recommended upon submittal date.
<input checked="" type="checkbox"/>	<p>A written proposal outlining all special conditions and additional requirements for the property controlled by the SUP, including but not limited to:</p> <ul style="list-style-type: none"> • the paving of streets, alleys and sidewalks, • means of ingress and egress to public streets, • provisions for drainage, • adequate off-street parking, • screening and open space, • heights of structures, • compatibility of buildings, • hours of operation, and • time limits. • A letter justifying the request and addressing the decision criteria on with the Planning and Zoning Commission and City Council will base their decision. <ol style="list-style-type: none"> 1) The use is harmonious and compatible with surrounding existing uses or proposed uses; 2) The activities requested by the applicant are normally associated with the permitted uses in the base district; 3) The nature of the use is reasonable and appropriate in the immediate area; 4) Any negative impact on the surrounding area has been mitigated; and 5) That any additional conditions specified ensure that the intent of the district purposes are being upheld.
<input checked="" type="checkbox"/>	A legal description or meets and bounds description of the property.
<input checked="" type="checkbox"/>	<p>Concept Plan. The plan shall be to scale and show the following:</p> <ul style="list-style-type: none"> • topography, • and boundary of SUP area; • physical features of the site; • existing streets, alleys and easements; • location of future public facilities; • parking ratios, the final Detailed Site Plan; • building height and location, elevations; • site landscaping; • off-street parking facilities; • size, height, construction materials, and locations of buildings and the uses to be permitted; • location and instruction of signs; • means of ingress and egress to public streets; • the type of visual screening such as walls, plantings and fences; • the relationship of the intended use to all existing properties and land uses in all directions to a minimum distance of two hundred feet (200') and; • other information to adequately describe the proposed development and to provide data for approval.
<input checked="" type="checkbox"/>	Evidence of communicating the proposal with the adjacent neighborhood
<input checked="" type="checkbox"/>	Trip Generation Form and, if required per Section 5.03, Traffic Impact Analysis
<input checked="" type="checkbox"/>	Additional information or drawings, operations data, or expert evaluation when considering the application, including traffic studies and drainage studies as required by the Development Review Committee.



March 25, 2019

Katasha Smithers
City of Keller
Planning Department
1100 Bear Creek Pkwy
Keller, Tx 76244

Re: SUP Request- North Texas Veterinary Clinic- 1100 Whitley Road

Dear Ms. Smithers,

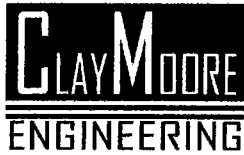
This letter shall serve as a request for a Special Use Permit for the proposed North Texas Veterinary Clinic that is planned for the SWC of Wall Price Keller Road and Whitley Road.

Summary of Project

We are requesting the approval to develop a portion of the lot that is at the south west corner of Wall Price Keller Road and Whitley Road. The current lot is approximately 2.56 acres and is undeveloped except for a public access drive. There will be two full-service access points along Wall Price Road. Private pavement will connect with public pavement on Wall Price Keller road where applicable. All parking provided will be in accordance with the city published standards. The veterinary clinic, will be a new location for a veterinarian that is currently operating in the city of Keller. The building will be single story building, with approximately 6,600 square feet. The proposed business will be open Monday through Friday 8 am to 6 pm and on Saturdays from 8 am until noon.

Sidewalks will be provided and connect to the proposed sidewalk to be constructed with the Wall Price Keller Road expansion. Since this site currently handles storm water from the Flanigan Hill addition, to the east of Whitley Road, additional storm drains will need to be added. Currently we are proposing two wye-inlets to be located on the south side of the building with appropriately sized pipe to handle this conveyance. The proposed use of a veterinary clinic will be harmonious and compatible with the surrounding businesses and for the housing addition to the east. The operation of a veterinary clinic is normally associated with the permitted used within commercial districts. We believe that not only will the negative impacts be mitigated, but that this will provide an enhancement in quality of life for the surrounding community.

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Adjacent Homeowners

On Friday March 22, Amy Koury, the president of the Flanigan Hill HOA, was provided with the proposed site plan. Discussions are ongoing to schedule a time to meet with the HOA board in order to formally discuss the proposed veterinary clinic.

Special Conditions

We would like to request that only the areas adjacent to the building, as opposed to the entire 2.56 acre site, be required to be landscaped in accordance with the City of Keller Development Code. The remainder of the site shall be landscaped if and when it is developed in the future.

Sincerely,

A handwritten signature in black ink, appearing to be "CC", written in a cursive style.

Clay Cristy, P.E.

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Trip Generation Data Form (Part 1)

BY: 4:45 pm

BY:

Land Use/Building Type: ¹ Veterinary Clinic	ITE Land Use Code: 640		
Source: ITE Trip Generation 8th Ed	Source No. (ITE use only):		
Name of Development: North Texas Veterinary Clinic	Day of the Week:		
City: Keller	State/Province: TX	Zip/Postal Code: 76248	Day: _____ Month: _____ Year: _____
Country: USA	Metropolitan Area: DFW		

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

Location Within Area: <input type="checkbox"/> (1) CBD <input checked="" type="checkbox"/> (3) Suburban (Non-CBD) <input type="checkbox"/> (5) Rural <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				Detailed Description of Development:³	
Independent Variable: (include data for as many as possible)²					
	Actual	Estimated		Actual	Estimated
_____ (1) Employees (#)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (9) Parking Spaces (% occupied: _____)	<input type="checkbox"/>	<input type="checkbox"/>
_____ (2) Persons (#)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (10) Beds (% occupied: _____)	<input type="checkbox"/>	<input type="checkbox"/>
_____ (3) Total Units (#) (indicate unit: _____)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (11) Seats (#)	<input type="checkbox"/>	<input type="checkbox"/>
_____ (4) Occupied Units (#) (indicate unit: _____)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (12) Servicing Positions/Vehicle Fueling Positions	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> (5) Gross Floor Area (gross sq. ft.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____ (13) Shopping Center % Out-parcels/pads	<input type="checkbox"/>	<input type="checkbox"/>
(% of development occupied _____)			_____ (14) A.M. Peak Hour Volume of Adjacent Street Traffic	<input type="checkbox"/>	<input type="checkbox"/>
_____ (6) Net Rentable Area (sq. ft.)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (15) P.M. Peak Hour Volume of Adjacent Street Traffic	<input type="checkbox"/>	<input type="checkbox"/>
_____ (7) Gross Leasable Area (sq. ft.)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (16) Other _____	<input type="checkbox"/>	<input type="checkbox"/>
(% of development occupied _____)			_____ (17) Other _____	<input type="checkbox"/>	<input type="checkbox"/>
_____ (8) Total Acres (% developed: _____)	<input type="checkbox"/>	<input type="checkbox"/>			

2. Definitions for several independent variables can be found in the *Trip Generation, Second Edition, User's Guide Glossary*.

3. Please provide all pertinent information to describe the subject project, including the presence of bicycle/pedestrian facilities. To report bicycle/pedestrian volumes, please refer to Part 4 of this data form.

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

Please Complete Form on Other Side

ite Institute of Transportation Engineers
Trip Generation Data Form (Part 2)

Summary of Driveway Volumes

(All = All Vehicles Counted, Including Trucks; Trucks = Heavy Duty Trucks and 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	31	0	27	0	58													
A.M. Peak Hour of Adjacent Street Traffic (7 - 9) Time (ex.: 7:15 - 8:15):																		
P.M. Peak Hour of Adjacent Street Traffic (4 - 6) Time:																		
A.M. Peak Hour Generator ¹ Time:																		
P.M. Peak Hour Generator ² Time:																		
Peak Hour Generator ³ Time (Weekend):																		

¹ Highest hourly volume between 7 a.m. and 9 a.m. (4 p.m. and 6 p.m.). Please specify the peak hour.

² Highest hourly volume during the a.m. or p.m. period. Please specify the peak hour.

³ Highest hourly volume during the entire day. Please specify the peak hour.

Please refer to the *Trip Generation User's Guide* for full definition of terms.

Hourly 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
8:00-7:00							11:00-12:00							3:00-4:00						
6:15-7:15							11:15-12:15							3:15-4:15						
6:30-7:30							11:30-12:30							3:30-4:30						
6:45-7:45							11:45-12:45							3:45-4:45						
7:00-8:00							12:00-1:00							4:00-5:00						
7:15-8:15							12:15-1:15							4:15-5:15						
7:30-8:30							12:30-1:30							4:30-5:30						
7:45-8:45							12:45-1:45							4:45-5:45						
8:00-9:00							1:00-2:00							5:00-6:00						

Check if Part 3, 4 and/or additional information is attached.

Survey conducted by: Name: Clay Cristy

Organization: Claymoore Engineering

Address: 1903 Central Drive, Suite 406

City/State/Zip: Bedford, TX 76021

Telephone #: 817-281-0572 Fax #: _____ E-mail: clay@claymooreeng.com

Please return to: Institute of Transportation Engineers
 Technical Projects Division
 1627 Eye Street, NW, Suite 600
 Washington, DC 20006 USA
 Telephone: +1 202-785-0060
 Fax: +1 202-785-0609
 ITE on the Web: www.ite.org

Trip Generation Data Form (Part 3)

Name/Organization: _____ City/State: _____

Telephone Number: _____

Detailed Driveway Volumes: Attach this sheet to Parts 1 and 2 if you are providing additional information.

Day of the week: _____ (All = All Vehicles Counted, Including Trucks; Trucks = Heavy Duty Trucks and Buses)

A.M. Period	Enter		Exit		Total		P.M. Period	Enter		Exit		Total	
	All	Trucks	All	Trucks	All	Trucks		All	Trucks	All	Trucks	All	Trucks
12:00-12:15							12:00-12:15						
12:15-12:30							12:15-12:30						
12:30-12:45							12:30-12:45						
12:45-1:00							12:45-1:00						
1:00-1:15							1:00-1:15						
1:15-1:30							1:15-1:30						
1:30-1:45							1:30-1:45						
1:45-2:00							1:45-2:00						
2:00-2:15							2:00-2:15						
2:15-2:30							2:15-2:30						
2:30-2:45							2:30-2:45						
2:45-3:00							2:45-3:00						
3:00-3:15							3:00-3:15						
3:15-3:30							3:15-3:30						
3:30-3:45							3:30-3:45						
3:45-4:00							3:45-4:00						
4:00-4:15							4:00-4:15						
4:15-4:30							4:15-4:30						
4:30-4:45							4:30-4:45						
4:45-5:00							4:45-5:00						
5:00-5:15							5:00-5:15						
5:15-5:30							5:15-5:30						
5:30-5:45							5:30-5:45						
5:45-6:00							5:45-6:00						
6:00-6:15							6:00-6:15						
6:15-6:30							6:15-6:30						
6:30-6:45							6:30-6:45						
6:45-7:00							6:45-7:00						
7:00-7:15							7:00-7:15						
7:15-7:30							7:15-7:30						
7:30-7:45							7:30-7:45						
7:45-8:00							7:45-8:00						
8:00-8:15							8:00-8:15						
8:15-8:30							8:15-8:30						
8:30-8:45							8:30-8:45						
8:45-9:00							8:45-9:00						
9:00-9:15							9:00-9:15						
9:15-9:30							9:15-9:30						
9:30-9:45							9:30-9:45						
9:45-10:00							9:45-10:00						
10:00-10:15							10:00-10:15						
10:15-10:30							10:15-10:30						
10:30-10:45							10:30-10:45						
10:45-11:00							10:45-11:00						
11:00-11:15							11:00-11:15						
11:15-11:30							11:15-11:30						
11:30-11:45							11:30-11:45						
11:45-12:00							11:45-12:00						

Trip Generation Data Form (Part 4)

Summary of Bicycle Volumes

	Average Weekday (M-F)			Saturday			Sunday		
	Enter	Exit	Total	Enter	Exit	Total	Enter	Exit	Total
24-Hour Volume									
A.M. Peak Hour of Adjacent Street Traffic (7 - 9) Time (ex.: 7:15 - 8:15):									
P.M. Peak Hour of Adjacent Street Traffic (4 - 6) Time:									
A.M. Peak Hour Generator* Time:									
P.M. Peak Hour Generator Time:									
Peak Hour Generator Time (Weekend):									

- Highest hourly volume between 7 a.m. and 9 a.m. (4 p.m. and 6 p.m.) as defined in Trip Generation Data Form (Part 2). Please specify the peak hour.
- Highest hourly volume during the a.m. or p.m. period. Please specify the peak hour.
- Highest hourly volume during the entire day. Please specify the peak hour. Please attach supplemental hourly volumes. Please refer to the Trip Generation User's Guide for full definition of terms.

Summary of Pedestrian Volumes

	Average Weekday (M-F)			Saturday			Sunday		
	Enter	Exit	Total	Enter	Exit	Total	Enter	Exit	Total
24-Hour Volume									
A.M. Peak Hour of Adjacent Street Traffic (7 - 9) Time (ex.: 7:15 - 8:15):									
P.M. Peak Hour of Adjacent Street Traffic (4 - 6) Time:									
A.M. Peak Hour Generator* Time:									
P.M. Peak Hour Generator Time:									
Peak Hour Generator Time (Weekend):									

Survey conducted by: Name: _____

Organization: _____

Address: _____

City/State/Zip: _____

Telephone #: _____

Fax #: _____

E-mail: _____

Please return to: Institute of Transportation Engineers
 Technical Projects Division
 1627 Eye Street, NW, Suite 600
 Washington, DC 20006 USA
 Telephone: +1 202-785-0060
 Fax: +1 202-785-0609
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