

SPECIFIC USE PERMIT (SUP) APPLICATION

SECTION 1. APPLICANT/OWNER INFORMATION Please Print or Type
Applicant/Developer: ANNE ADAMS
Street Address: Town Cluter CANE
City: KOVOON State: Zip: W24-4
Telephone: (1) 8 (6) 46) Fax: E-mail:
Applicant's Status: (Check One) Owner D Prospective Buyer D
Property Owner must sign the application or submit a notarized letter of authorization.
Owner: bass Commercial westments uc
Street Address: 200 matioax ld, Stello
City: Mansfeld State: Zip: 76003
Telephone: 87.400 1889 Fax: 87.8017831 E-mail: Mfarah@farahvsarm
anne Marie Michael toward
Signature of Applicant Date: Signature of Owner Date: 7 120 8 Printed Name of Owner
110/13
SECTION 2. PERMIT REQUEST INFORMATION
Property Location: 440 Keller PKWY, SteB
Legal Description:
Lot(s): 1R Block(s): A Subdivision Name: Shows at Cindy Adda
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:
Justification for Specific Use Permit:
A detailed letter of justification and/or exhibits shall accompany this application.







Terrace Retreat Spa located in Southlake





















460B Keller Parkway









