

SPECIFIC USE PERMIT (SUP) APPLICATION

SECTION 1. APPLICANT/OWNER INFORMATION

Please Print or Type

Applicant/Developer: Natalie Moore - Renewed Strength Chiropractic
Street Address: 700 Oakwood Ave.
City: Hurst State: TX Zip: 76053
Telephone: 817-688-8999 Fax: _____ E-mail: natalie.graves5@gmail.com
Applicant's Status: (Check One) Owner ☐ Tenant ☒ Prospective Buyer ☐

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

Owner: R & L Cimonetti LLC
Street Address: 2308 Wilkes Ct.
City: Colleyville State: TX Zip: 76034
Telephone: 817-703-8877 Fax: _____ E-mail: _____

Natalie Moore
Signature of Applicant
Date: 8/24/18

Signature of Owner Printed Name of Owner
Date: _____

SECTION 2. PERMIT REQUEST INFORMATION

Property Location: 118 W Olive Street Keller, TX 76248 960 sq. ft.
Legal Description: E 50' 52' 5"
Lot(s): 3 Block(s): 5 Subdivision Name: City Addition Keller

Unplatted Property Description:

Abstract Name & Number: _____ Tract Number(s): _____
If property is not platted, please attach a metes and bounds description.

Current Zoning: OTK Proposed Zoning: OTK

Current Use of Property: Office

Proposed Use of Property: Medical

SUP-18-0027