

SPECIFIC USE PERMIT (SUP) APPLICATION

SECTION 1. APPLICANT/OWNER INFORMATION Please Print or Type

<u>Please Print or Type</u>	
Applicant/Developer: LANDSCAPE SYSTEMS	
Street Address: 1823 KELLER PRWY.	
City: KEUER State: To Zip: 76248	
Telephone: 817 - 431-449 b Fax: E-mail: EDCLADDSCAPESYSTEM Applicant's Status: (Check One) Owner □ Tenant □ Prospective Buyer □	s. Con
Property Owner must sign the application or submit a notarized letter of authorization.	
Owner: ED RUBAL	
Street Address: 1823 KELLER PKWT	
City: KELLER State: To Zip: 70248	
Telephone: 972.880-3088 Fax: - E-mail: ED@LANDS CAPE SYSTEM	s. Com
Falling Falling	
Signature of Applicant Date: O 1 2020 Signature of Owner Printed Name of Owner Date: Doi: 12020	
SECTION 2. PERMIT REQUEST INFORMATION	
Property Location: 1823 KEWER PARKWAY	
Legal Description:	
Lot(s): R Block(s): A Subdivision Name: Sutton's NURSERY	
Unplatted Property Description:	
Abstract Name & Number: MARTIN Tract Number(s): 1153 If property is not platted, please attach a metes and bounds description.	
Current Zoning: Proposed Zoning:	
Current Use of Property: RETIAL NURSERY GIFT SHOP FURNITURE SA	LES
Proposed Use of Property: IN ADDITION TO RETAIL SALES WE	
REQUEST A SUP TO MANUFACTURE LIVE EDGE	
FURNITURE.	