

## City of Joshua Development Services Universal Application

Please check the appropriate box below to indicate the type of application you are requesting and provide all information required to process your request.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Pre-Application Meeting | <input type="checkbox"/> Comprehensive Plan Amendment     | <input type="checkbox"/> Zoning Change                     |
| <input type="checkbox"/> Conditional Use Permit  | <input type="checkbox"/> Zoning Variance (ZBA)            | <input type="checkbox"/> Subdivision Variance              |
| <input type="checkbox"/> Preliminary Plat        | <input checked="" type="checkbox"/> Final Plat            | <input type="checkbox"/> Amending Plat                     |
| <input type="checkbox"/> Replat                  | <input type="checkbox"/> Planned Development Concept Plan | <input type="checkbox"/> Planned Development Detailed Plan |
| <input type="checkbox"/> Minor Plat              | <input type="checkbox"/> Other _____                      |  |

### PROJECT INFORMATION

Project Name: GIBBS ADDITION

Project Address (Location): 1132 Stadium Drive, Joshua, TX.

Existing Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

Existing Use: Agriculture Proposed Use: Single Family Dwelling

Existing Comprehensive Plan Designation: \_\_\_\_\_ Gross Acres: 3.00

**Application Requirements:** The applicant is required to submit sufficient information that describes and justifies the proposal. **See appropriate checklist located within the applicable ordinance and fee schedule for minimum requirements. Incomplete applications will not be processed.**

### APPLICANT INFORMATION

Applicant: Matthew Hayden Company: Trans Texas Surveying and Mapping

Address: 401 N. Nolan River Rd. Tel: 817-556-3440 Fax: \_\_\_\_\_

City: Cleburne State: TX ZIP: 76033 Email: matthewh@transtexasurveying.com

Property Owner: Michael Dean Kidd Company: N/A

Address: 1132 Stadium Dr. Tel: 817-727-1650 Fax: \_\_\_\_\_

City: Joshua State: TX ZIP: 76058 Email: \_\_\_\_\_

Key Contact: Matthew Hayden Company: Trans Texas Surveying & Mapping

Address: 401 N. Nolan River Rd. Tel: 817-556-3440 Fax: \_\_\_\_\_

City: Cleburne State: TX ZIP: 76033 Email: matthewh@transtexasurveying.com

SIGNATURE OF PROPERTY OWNER OR APPLICANT (SIGN AND PRINT OR TYPE NAME)

SIGNATURE: Michael Dean Kidd

(Letter of authorization required if signature is other than property owner)

Print or Type Name: Michael Dean Kidd

Known to me to be the person whose name is subscribed to the above and foregoing instrument, and acknowledged to me that they executed the same for the purposes and consideration expressed and in the capacity therein stated.

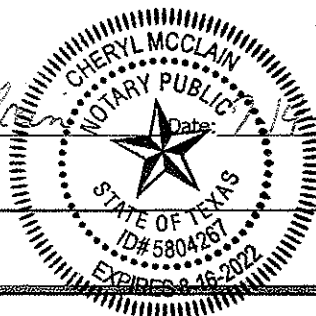
Given under my hand and seal of office on this 14 day of July 2022

CHERYL Mc CLAIN

Notary Public

Signature

Cheryl Mc Clain



### For Departmental Use Only

Case No.: FP-2022-08

22-00690-01

Project Manager: \_\_\_\_\_

Total Fee(s): 505 + 2500

Check No: 15020 + 1069

Date Submitted: 8-9-2022

Accepted By: C. Austin

Date of Complete Application: \_\_\_\_\_