

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 type="checkbox"/> Final Plat | <input type="checkbox"/> Amending Plat |
| <input checked="" 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: Brad Maxfield

Project Address (Location): 621 Briarwood Tr, Joshua 76058

Existing Zoning: R1 Proposed Zoning: R1

Existing Use: Residential Proposed Use: Residential

Existing Comprehensive Plan Designation: _____ Gross Acres: _____

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: Brad Maxfield Company: _____

Address: 1321 Craft Farms Circle Tel: 817-296-7763 Fax: _____

City: Azle State: TX ZIP: 76020 Email: bmaxfield@stcglobal.net

Property Owner: Same as above Company: _____

Address: _____ Tel: _____ Fax: _____

City: _____ State: _____ ZIP: _____ Email: _____

Key Contact: Same as above Company: _____

Address: _____ Tel: _____ Fax: _____

City: _____ State: _____ ZIP: _____ Email: _____

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

SIGNATURE: Brad Maxfield

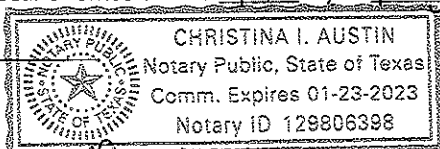
(Letter of authorization required if signature is other than property owner)

Print or Type Name: _____

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 17th day of August 2022

Notary Public



Signature: Christina Austin Date: 8-17-22

For Departmental Use Only

Case No.: RP-2022-016

Project Manager: 22-00723-01

Total Fee(s): 500 + 2500

Check No.: 88928/1119

Date Submitted: 8/17/22

Accepted By: C. Austin

Date of Complete Application: _____