

22-00911-01

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.

Heritage Overlay

- | | | |
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| ☐ Pre-Application Meeting | ☐ Comprehensive Plan Amendment | ☐ Zoning Change |
| ☐ Conditional Use Permit | ☐ Zoning Variance (ZBA) | ☐ Subdivision Variance |
| ☐ Preliminary Plat | ☐ Final Plat | ☐ Amending Plat |
| ☐ Replat | ☐ Planned Development Concept Plan | ☐ Planned Development Detailed Plan |
| ☐ Minor Plat | ☒ Other <u>Site PLAN</u> | |

PROJECT INFORMATION

Project Name: DFW Senior Care Services, Inc.Project Address (Location): 205 N. Main St. Joshua, TX 76058Existing Zoning: HP District Proposed Zoning: HPExisting Use: Residential Proposed Use: Commercial/officeExisting Comprehensive Plan Designation: HP District Gross Acres: 0.278

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: Heather Boyd Company: DFW Senior Care Svcs, INC.Address: 612 El Gato Dr. Tel: 817-688-2817 Fax: 817-447-2731City: Godley State: TX ZIP: 76044 Email: heather@dfwseniorcare.netProperty Owner: Heather Boyd Company: DFW Senior Care Svcs, INC.Address: 205 N Main St. Tel: 817-447-2731 Fax: 817-447-2731City: Joshua State: TX ZIP: 76058 Email: heather@dfwseniorcare.netKey Contact: Heather Boyd Company: DFW Senior Care Svcs, INC.Address: 612 El Gato Dr. Tel: 817-688-2817 Fax: 817-447-2731City: Godley State: TX ZIP: 76044 Email: heather@dfwseniorcare.net

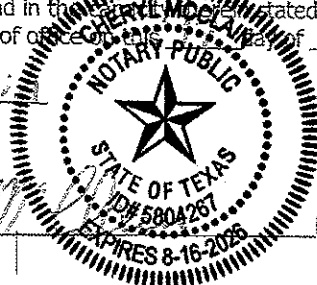
SIGNATURE OF PROPERTY OWNER OR APPLICANT (SIGN AND PRINT OR TYPE NAME)

SIGNATURE: Heather Boyd
(Letter of authorization required if signature is other than property owner)Print or Type Name: Heather Boyd

Known to me to be the person whose name is subscribed to the above and foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration expressed and in the presence of me.

Given under my hand and seal of office on this 10th day of October, 2022

Cheryl McClain
Notary Public

Signature Cheryl McClain Date: 10-17-22

For Departmental Use Only

Case No.: HP0222-02

Project Manager: _____

500 Fee
Total Fee(s): 2,500.00

Check No.: 6807/6808Date Submitted: 10/17/22Accepted By: EMDate of Complete Application: 10-17-22