

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 checked="" 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 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: LABHART ADDITION

Project Address (Location): 235 TRAILWOOD DR. JOSHUA, TX 76058

Existing Zoning: AGRICULTURAL Proposed Zoning: Residential - single family

Existing Use: AGRICULTURAL/RANCH Proposed Use: RESIDENTIAL/SINGLE FAMILY

Existing Comprehensive Plan Designation: _____ Gross Acres: 1.106

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 LABHART

Company: _____

Address: 2942 MASTERS CT N Tel: 972 786 3045 Fax: _____

City: BURLESON State: TX ZIP: 76028 Email: mattlabhart@hotmail.com

Property Owner: MATTHEW LABHART & HEATHER MCKENZIE Company: LABHART & MCKENZIE CAPITAL PARTNERS LLC

Address: 2942 MASTERS CT N Tel: _____ Fax: _____

City: BURLESON State: TX ZIP: 76028 Email: _____

Key Contact: _____ Company: _____

Address: _____ Tel: _____ Fax: _____

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

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

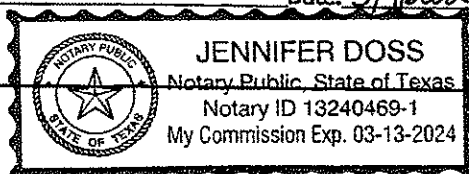
SIGNATURE: [Signature]
(Letter of authorization required if signature is other than property owner)

Print or Type Name: Matthew W. Labhart & Heather L. McKenzie
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 9th day of March 2022

Notary Public

Signature: [Signature]

Date: 3/9/2022



For Departmental Use Only

Case No.: PZ-2022-04

Project Manager: _____

Total Fee(s): 500.00

Check No.: 380

Date Submitted: 3-9-22

Accepted By: [Signature]

Date of Complete Application 3-10-22