

## **NEIGHBORHOOD GROUP NOTICES**

A zoning change is requested for the property shown on the attached map. You are listed as an organization within a  $\frac{1}{2}$  mile of the proposed change. The purpose of this notice is to provide you with an opportunity for public comment. You may:

- 1. Attend the public hearing to present your views and opinions or just merely to observe the proceedings; or
- Provide a written statement to the Chair of the Commission expressing your support, concerns, or opposition to this case; or
- 3. Take no further action

Approval or denial of the proposed zoning change by the Zoning Commission is only a recommendation to the City Council. City Council makes the final determination on the outcome of a zoning change.

If you want to comment on this case, please return the form below with any additional written commentary. Letters can be submitted via mail or email as described below. Please submit your response by the Monday before the hearing by 5:00 pm. All letters should reference the relevant case number.

Email: zoninglanduse@fortworthtexas.gov

Mail: Chair of the Zoning Commission c/o Development Services, City Hall 100 Fort Worth Trail, Fort Worth, TX 76102 PUBLIC HEARING DATES

Zoning Commission

City Council

Location: 100 Fort Worth Trail; Council Chambers

LOCATION MAP

To register to speak at the Zoning Commission hearing, please visit fortworthtexas.gov/calendar and select the Zoning Commission meeting date. The deadline for speaker registration is 5:00 p.m. the day before the hearing.

To register to speak at the City Council hearing, please visit fortworthtexas.gov or contact the City Secretary's Office at 817-392-6150.

	Case Numbe	r:	
Applicant:	Site Address:	Council District:	
Current Zoning:	Proposed Zoning:	Proposed Use:	Proposed Use:

Please complete the section below for your organization, or send a separate letter to the email or mailing address listed above.

Organization Name:	Oppose	Support
Signature of Representative:	Printed Name of Represe	entative:

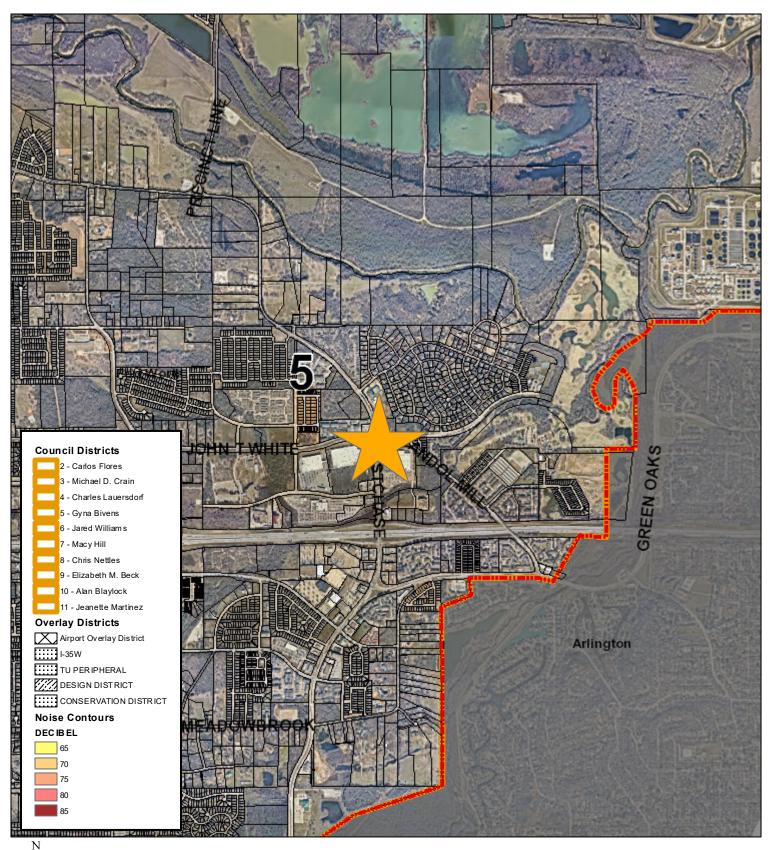


## **Aerial Photo Map**











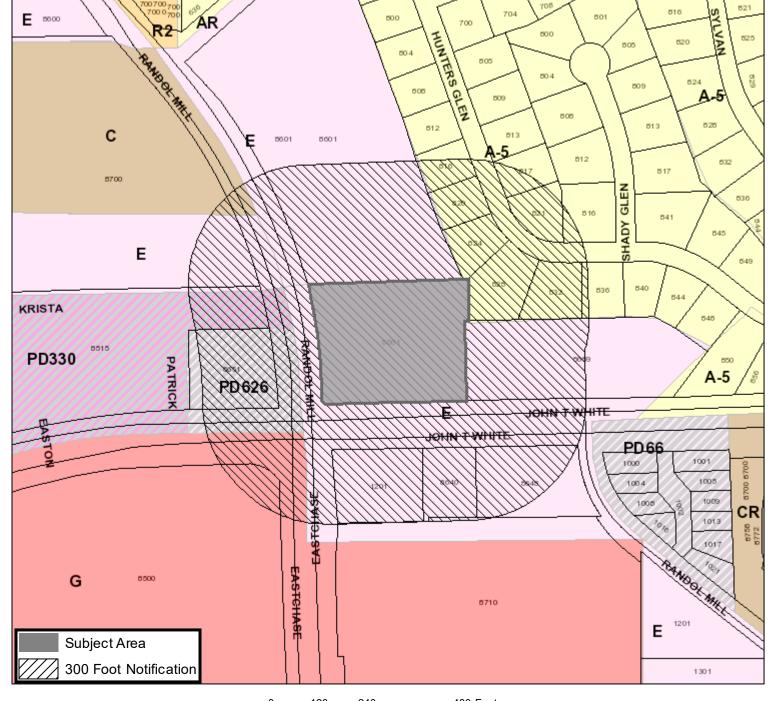
Area Zoning Map
Al-Hedayah Academy Inc. / Darwish Otrok

Address: 8661 John T. White Road

Zoning From: E
Zoning To: MU-1
Acres: 2.692
Mapsco: Text
Sector/District: Eastside
Commission Date: 6/11/2025
Contact: 817-392-2806

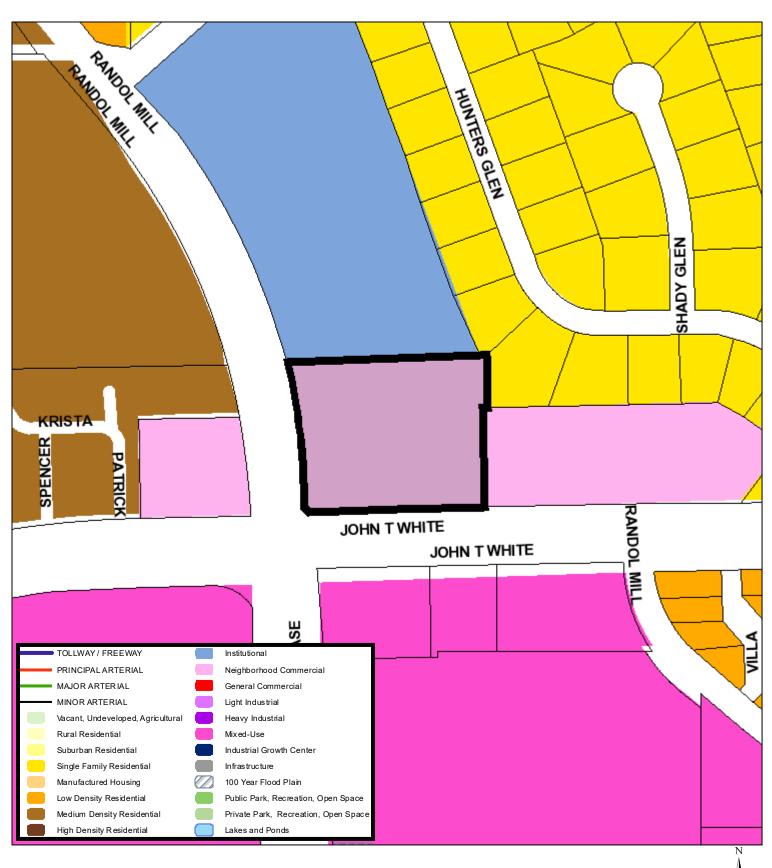
Applicant:







## **Future Land Use**



190

95

190 Feet

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# **ZONING CHANGE / SITE PLAN APPLICATION**

CONTACT INFORMATION				
PROPERTY OWNER Al-Hedayah Acad	emy Inc.			
Mailing Address 8625 Randol Mill Rd	City, State, Zip Fort Worth, TX 76120			
Phone 817-888-7643	Email darwish.Otrok@alhedayahacademy.org			
APPLICANT Darwish Otrok				
Mailing Address 2805 Crestridge Ct	City, State, Zip Grapevine, TX 76051			
Phone 817-888-7643	Email darwish.Otrok@alhedayahacademy.org			
AGENT / OTHER CONTACT Alliance Hon				
Mailing Address P.O. Box 1096	City, State, Zip Bedford, TX 76095			
Phone 817-888-7643	Email alliancehomes@gmail.com			
Note: If the property owner is a corporation, p person signing the application is legally autho				
	PROPERTY DESCRIPTION			
	certify that an exhibit map showing the entire area to be rezoned is attached.  p must clearly label each tract and the current and proposed zoning districts. A platted lot			
Is the property platted?				
YES - PLATTED Subdivision, Block, and Lot (list all): Ben	tley Village Addition Block MR Lot 2			
Is rezoning proposed for the entire platte	d area? ■ Yes □ No Total Platted Area: 2.6919 acres			
Any partial or non-platted tract will requir	e a certified metes and bounds description as described below.			
the surveyor's name, seal, and date. The metes and bounds descriptions must close	etes and bounds legal description is required. The boundary description shall bear metes and bounds must begin at a corner platted lot or intersect with a street. Al e. If the area to be rezoned is entirely encompassed by a recorded deed, a copy of rtified metes and bounds description must be provided in Microsoft Word format.			
Total Area Described by Metes and Bound	ls: acres			

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#### **APPLICATION TYPE**

Please check the box next to the description that applies to your project. Make sure to select the corresponding application type when submitting your application in Accela (Zoning Change or Site Plan Amendment).

Zoning Change Application	Site Plan Amendment
☐ Rezoning from one standard zoning district to another	☐ Submitting a required site plan for an existing PD
☐ Rezoning to Planned Development (PD) District	(no change to development standards or waivers)
☐ Adding a Conditional Use Permit (CUP) Overlay	☐ Amending a previously approved PD or CUP site plan
☐ Modifying development standards, waivers, and/or land	Existing PD or CUP Number:
uses for an existing PD or CUP	Previous Zoning Case Number:
-	
DEVELOPMENT IN	IFORMATION
Current Zoning District(s): E Pro	posed Zoning District(s): MU-1
Current Use of Property: vacant Land	
Proposed Use of Property: Multi Use being Retail/ Office/	Residential
For Planned Developmen	t (PD) Requests Only
irst, reference Ordinance <u>Section 4.300</u> to ensure your project qua	alifies for PD zoning. If so, complete the following:
ase Zoning District Proposed for PD:	
and Uses Being Added or Removed:	
are Development Standards or Waivers being requested?   Yes	□ No If yes, please list below:
☐ Site Plan Included (completed site plan is attached to this application)	
☐ Site Plan Required (site plan will be submitted at a future time fo	
☐ Site Plan Waiver Requested (in the box above, explain why a wa	iver is needed)
For Conditional Use Permit	t (CUP) Requests Only
Current Zoning of Property:	
additional Use Proposed with CUP:	
re Development Standards or Waivers being requested? ☐ Yes	□ No If yes, please list below:

☐ A site plan meeting requirements of the attached checklist is included with this application (required for all CUP requests)

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#### **DETAILED PROJECT DESCRIPTION**

Please provide a detailed summary of your proposal below. This should include a detailed description of the proposed use and reason for rezoning, how this use is compatible with surrounding land uses and the City's Comprehensive Plan, and any other details relevant to your request. Feel free to attach additional pages, concept plans, etc. as needed.

For PD or CUP requests, please explain why your proposal cannot be accommodated by standard zoning districts, clarify if any waivers are being requested and why, and detail any changes from previously approved site plans or development standards.

Subject property is zoned Commercial, request to rezone to MU-1 due to location as a buffer between commercial and residential area, many attempts have been made before to market as commercial which is present zoning, but no success in achieving that goal. Also an attempt to rezone to residential has been made with no success. We believe that combining and having a mix of residential and commercial with best suit this property.
Discussed this rezoning with few neighborhood associations who showed support for such rezoning since it serves those who like to see commercial such as sit down restaurants and other retail business to serve the area and also was favored by those who do not want straight commercial and prefer residential.  We believe the MU-1 would be perfect fit for this property.

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## **ADDITIONAL QUESTIONS**

1.	Is this property part of a current Code Compliance case? ☐ Yes ■ No If yes, please explain:
2.	Is the purpose of this request to provide a reasonable accommodation for a person(s) with disabilities? ☐ Yes ■ No
	If yes, this application will be directed to the Development Services Director or Zoning Administrator for review pursuant to Ordinance No. 22098-03-2016, "Reasonable Accommodation or Modification for Residential Uses." Applications under a Reasonable Accommodation Ordinance review will not be heard by the Zoning Commission. Please see Ordinance No. 22098-03-2016 (Chapter 17, Division V) for more information. (Note to staff: If yes, send a copy of this application and any attachments to the Zoning Administrator as soon as possible.)
3.	Have you contacted the relevant Council Member to discuss your proposal? ■ Yes □ No Click to find your Council District.
4.	Have you contacted nearby neighborhood organizations and property owners to discuss your proposal? ■ Yes □ No
	The <u>Fort Worth Neighborhood Database</u> includes contact information for each registered organization. To find a list of organizations in close proximity to your site, please use the <u>Online Zoning Map</u> or contact <u>Community Engagement</u> . All registered groups within ½ mile of your site and property owners within 300 feet will be notified of the request.
5.	Would you need Translation Services to explain your case and answer questions at either the Zoning Commission and/or at City Council hearing? (at no cost to you)
	¿Va usted a necesitar servicios de traducción para explicar y contestar preguntas sobre su caso ante la Comisión de Zonificación y/o frente al Consejo de la Ciudad? (sin coste para usted)   Sí  No
	If yes, please explain in which language you need translation/ Si así lo quiere, explique en qué idioma:
6.	The following items are required with your application. Please confirm submittal by checking each item below.
	Completed copy of Zoning Change Application with original signatures (pages 2-6)
	Corporate documents demonstrating signature authority if property owner is a corporation, partnership, trust, etc.
	<ul> <li>A copy of the recorded plat or certified metes and bounds description (page 2)</li> <li>An exhibit map showing the entire area to be rezoned with labels for current and proposed zoning districts</li> </ul>
	☐ If requesting Planned Development (PD) zoning or a Conditional Use Permit (CUP):
	☐ Site Plan meeting requirements of attached checklist (pages 7-8)
	☐ A list of all waiver requests with specific ordinance references

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### **ACKNOWLEDGEMENTS / LETTER OF AUTHORIZATION FOR ZONING CASE REPRESENTATION**

I certify that the above information is correct and complete to the best of my knowledge and ability and that I am now, or will be, fully prepared to present the above proposal before the Zoning Commission and City Council public hearings. I further certify that I have read and understand the information provided, concerning the policies and procedures regarding consideration of my zoning request.

I understand that Planning staff will not conduct a plan review for this development and any and all development / design standards must be adhered to unless otherwise specified through a waiver.

I understand that all recommendations of the Zoning Commission will be forwarded to the City Council for final determination, normally scheduled for the second Tuesday of the following month. I further understand that any actions of the Zoning Commission are considered recommendations to the City Council and that I may be heard by the City Council at the prescribed Council hearing date where a final decision will be made.

I further understand that if I am not present nor duly represented at the Commission's public hearing, the Zoning Commission may dismiss my request, which constitutes a recommendation that the request be denied. I further understand that if I am not present, or duly represented, at the City Council public hearing, the City Council may deny my request.

I reserve the right to withdraw this proposal at any time, within 14 days of the deadline filing date, upon written request filed with the Executive Secretary of the Commission. Such withdrawal shall immediately stop all proceedings thereon; provided, however, case withdrawal, filed any time after the 14 days following the filing deadline, shall constitute a denial by the Commission and City Council. I understand my filing fee is not refundable upon withdrawal of my case application after public notice, nor following denial by the Commission or Council of my case. I / we respectfully request approval and adoption of the proposed zoning / land use of property, within the City of Fort Worth, as identified in this application.

#### SIGN INSTALLATION AUTHORIZATION

Authority is hereby granted to the City of Fort Worth, or its agent, to install upon the above described property, sign or signs in a conspicuous place, or places, at a point, or points nearest any right-of-way, street, roadway or historic designation, or, special exception or public thoroughfare abutting said property. Such sign or signs indicate that a zoning amendment is proposed and that further information can be acquired by telephoning the number indicated. I shall inform City Staff if the sign is removed, lost, or otherwise ceases to be displayed on my property during the processing of the zoning case.

1578b1b9-6714-441a-8178-705368 Digitally signed by 1578b1b9-6714-441a-8178-7053689a4cce Owner's Signature (of the above referenced property): 9a4cce Date: 2025.05.11 23:17:36-05'00'

Owner's Name (Printed): Al-Hedayah Academy Inc.

AUTHORITY IS HEREBY GRANTED TO (NAME) Darwish Otrok	ACTING ON MY
BEHALF AS THE OWNER OF THIS PROPERTY AS INDICATED AT THE APPRAISAL DISTICT, TO FILE AND PRESENT AN APP	 LICATION TO THE CITY
OF FORT WORTH, TEXAS, TO REQUEST A CHANGE IN ZONING CLASSIFICATION FOR THE FOLLOWING	FROPERTY:
8661 John T White Rd/ Bentley Village Addition Block MR Lot 2 (CERTIFIED	LEGAL DESCRIPTION)

Owner's Signature (of the above referenced propert	y)
1578b1b9-6714-441a-8178 Digitally signed by 1578b1b9-6714-441a-8178-7053689a4cce Date: 2025.05.11 23:24:56 -05'00'	е

Al-Hedayah Academy Inc.

Owner's Name (Printed)

1578b1b9-6714-441a-8178 Digitally signed by 1578b1b9-6714-441a-8178-7053689a4cce Date: 2025.05.11 23:25:03 -05'00'

Applicant or Agent's Signature

Darwish Otrok

Applicant or Agent's Name (Printed):

