

## **NEIGHBORHOOD GROUP NOTICES**

**Zoning Commission** 

**City Council** 

**PUBLIC HEARING DATES** 

Location: Council Chambers, Second Floor of City Hall **LOCATION MAP** 

A zoning change is requested for the property shown on the attached map. You are listed as an organization within a ½ 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
- 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.

c/o Development Services, City Hall 200 Texas St, Fort Worth, TX 76102

Email: zoninglanduse@fortworthtexas.gov Mail: Chair of the Zoning Commission

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 Number:					
Applicant:	Site Address:		Council District:		
Current Zoning:	Proposed Zoning:		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 Representative:	



Applicant: Kevin Afkami

Address: 7350 Canyon Park Drive

Zoning From: PD246

To add the required site plan Zoning To:

1.31213678 Acres:

Text Mapsco:

Wedgewood Sector/District: Commission Date: 11/8/2023 817-392-6226 Contact:





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# **ZONING CHANGE / SITE PLAN APPLICATION**

### **CONTACT INFORMATION**

PROPERTY OWNER KEVIN AFKAMI					
Mailing Address 100 DECKER CT., SUITE 197 City, State, Zip IRVING, TX 75062					
Phone 469-363-3222 Email KEVIN@TENANTREADVISORS.COM					
APPLICANT ANDREW YEOH					
Mailing Address 1782 W MCDERMOTT DRIVE City, State, Zip ALLEN, TX 75013					
Phone 469-213-2804 Email AYEOH@TRIANGLE-ENGR.COM					
AGENT / OTHER CONTACT					
Mailing Address City, State, Zip					
Phone Email					
Note: If the property owner is a corporation, partnership, trust, etc., documentation must be provided to demonstrate that the person signing the application is legally authorized to sign on behalf of the organization.					
PROPERTY DESCRIPTION					
Site Location (Address or Block Range): 1.294 ACRES					
Total Rezoning Acreage: 1.294 ☑ I certify that an exhibit map showing the entire area to be rezoned is attached.					
If multiple tracts are being rezoned, the exhibit map must clearly label each tract and the current and proposed zoning districts. A platted lot description or certified metes and bounds description is required for each tract, as described below.					
s the property platted?					
Is rezoning proposed for the entire platted area?   Yes  No Total Platted Area: acres					
Any partial or non-platted tract will require a certified metes and bounds description as described below.					
NO – NOT PLATTED  A Registered Texas Surveyor's certified metes and bounds legal description is required. The boundary description shall bear the surveyor's name, seal, and date. The metes and bounds must begin at a corner platted lot or intersect with a street. All metes and bounds descriptions must close. If the area to be rezoned is entirely encompassed by a recorded deed, a copy of the deed description is acceptable. The certified metes and bounds description must be provided in Microsoft Word format.					
Total Area Described by Metes and Bounds: 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): PD-256 Pro	Zoning District(s): PD-256 Proposed Zoning District(s): PD-256			
Current Use of Property: MIX USE DEVELOPMENT				
Proposed Use of Property: MEDICAL OFFICE DEVELOPMENT				
For Planned Development (PD) Requests Only				
irst, reference Ordinance Section 4.300 to ensure your project qualifies 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 applica	ation)			
☐ Site Plan Required (site plan will be submitted at a future time for approval by Zoning Commission and City Council)				
☐ Site Plan Waiver Requested (in the box above, explain why a waiver is needed)				
For Conditional Use Permit (CUP) Requests Only				
Current Zoning of Property:				
additional Use Proposed with CUP:				
are 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.

PROPOSED DEVELOPMENT IS THE MEDICAL OFFICE WITH 64 PARKING	
3 BUILDING BEING PROPOSED. THE PROPOSED USE IS ALLOWED PER ATTACHED THE SITE PLAN WITH THIS SUBMITTAL FOR THE REVIEW.	PD-246. WE HAVE

