



Neighborhood Notification

Case Number: ZC-26-061

Council District: 8 – Chris Nettles

ZONING CHANGE REQUEST

Owner/Applicant: Texas Health Huguley, Inc. / Teague, Nall, & Perkins, Inc., Anthony Millbitz

Site Location: 151 Huguley Boulevard

Request:

Current Zoning: "AG" Agricultural

Proposed: "CF" Community Facilities

Proposed Use: Huguley Hospital Parking Lot

For More Information please contact:

Case Manager

Enrique Alvarez

817-392-2779

Public Hearing Dates

Zoning Commission	June 10, 2026
City Council	June 23, 2026 (11:00 a.m.)

Public Notification

A zoning change is requested for the property shown on the attached maps. 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 observe the proceedings; or
2. 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

Correspondence can be submitted via mail or email as described below. Please submit your response by Tuesday before the hearing by 5:00 pm. Correspondence 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

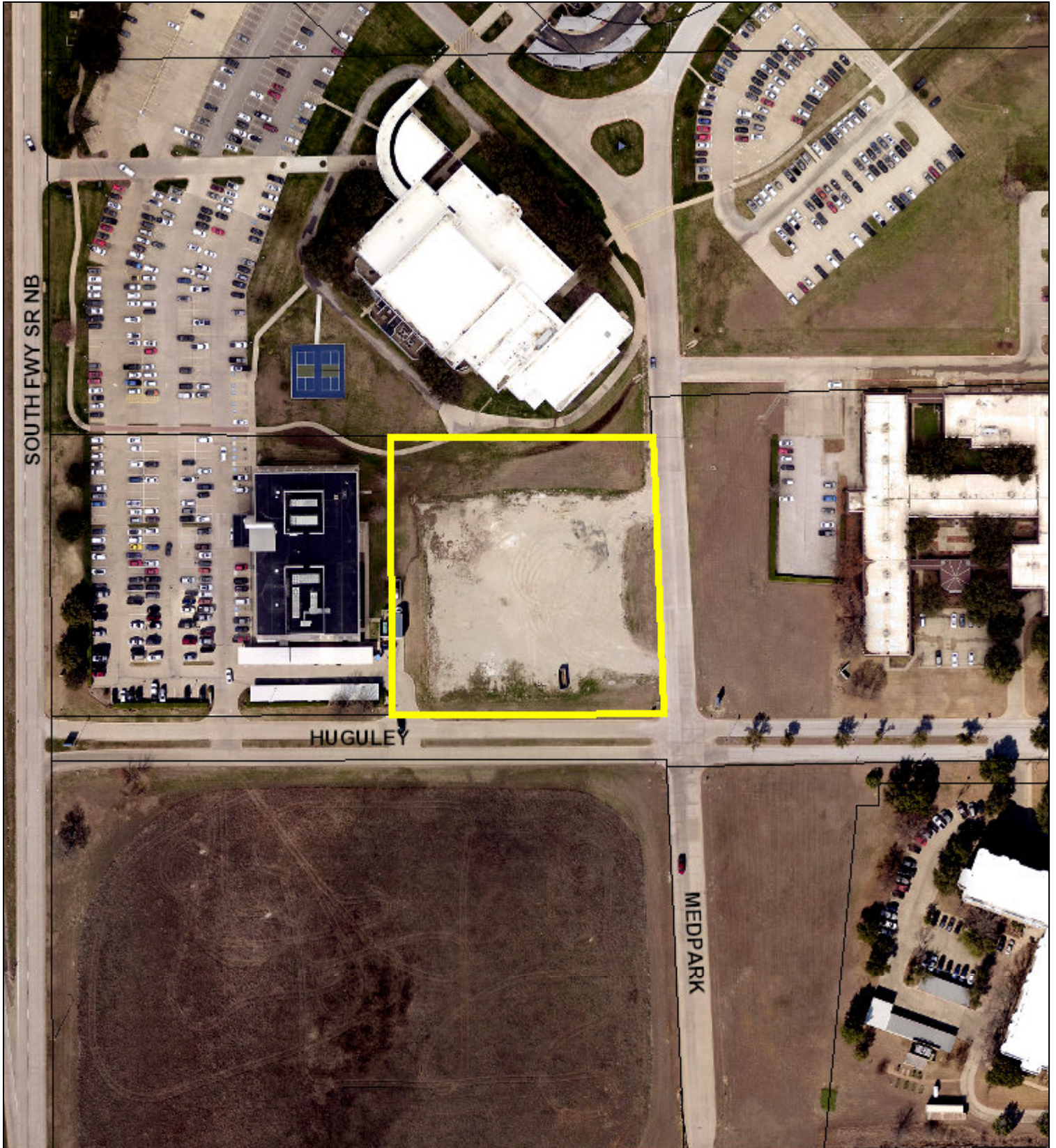


Neighborhood Notification



Organizations Notified

Organizations Notified	
District 6 Alliance	Streams And Valleys Inc
Trinity Habitat for Humanity	Burleson ISD
Crowley ISD	

Aerial Photo Map

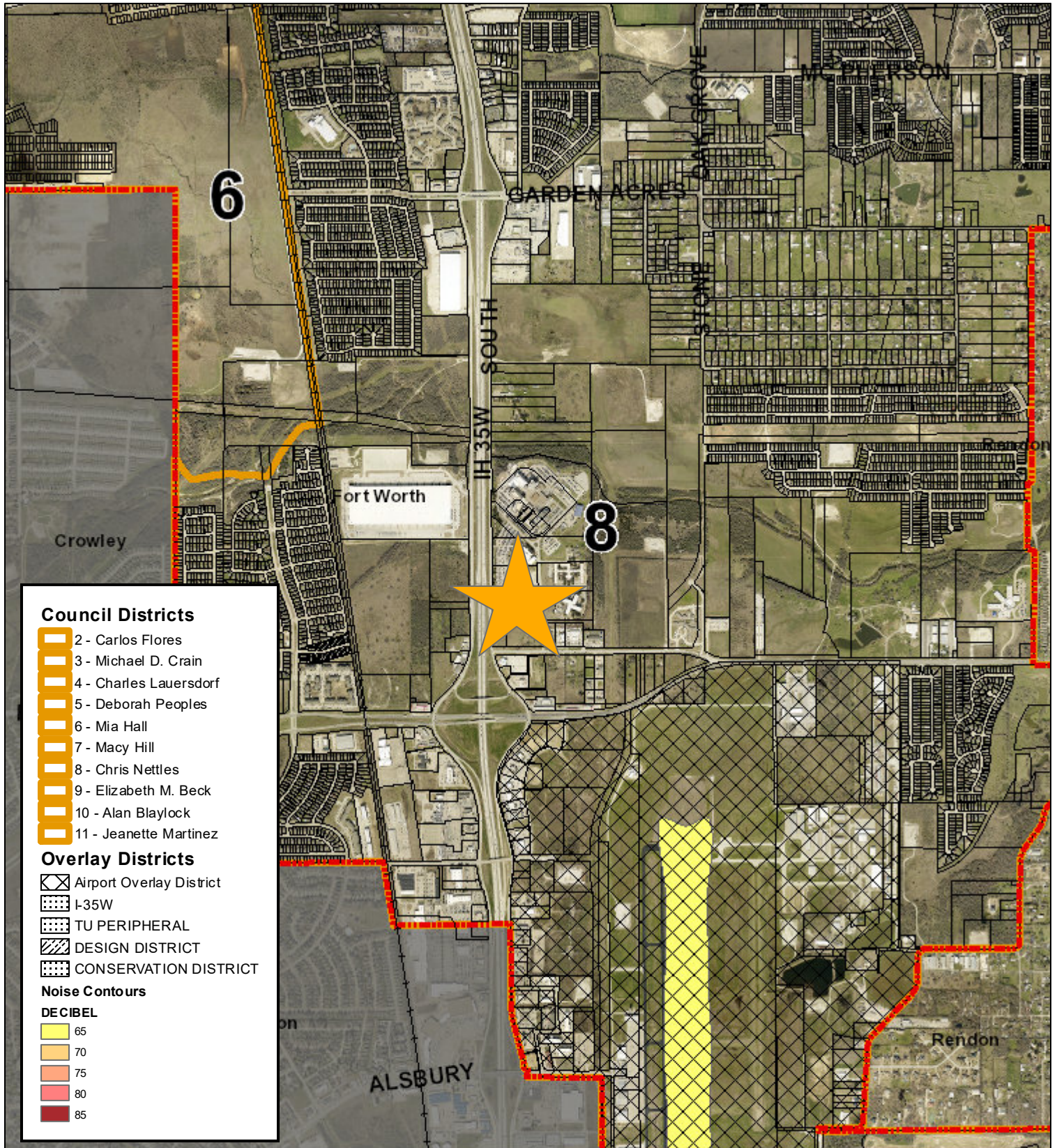


0 95 190 380 Feet

	FEMA 100 Year Flood Zone
	Non-FEMA City Flood Risk Areas



Area Map



Council Districts

- 2 - Carlos Flores
- 3 - Michael D. Crain
- 4 - Charles Lathersdorf
- 5 - Deborah Peoples
- 6 - Mia Hall
- 7 - Macy Hill
- 8 - Chris Nettles
- 9 - Elizabeth M. Beck
- 10 - Alan Blaylock
- 11 - Jeanette Martinez

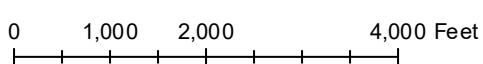
Overlay Districts

- Airport Overlay District
- I-35W
- TU PERIPHERAL
- DESIGN DISTRICT
- CONSERVATION DISTRICT

Noise Contours

DECIBEL

- 65
- 70
- 75
- 80
- 85

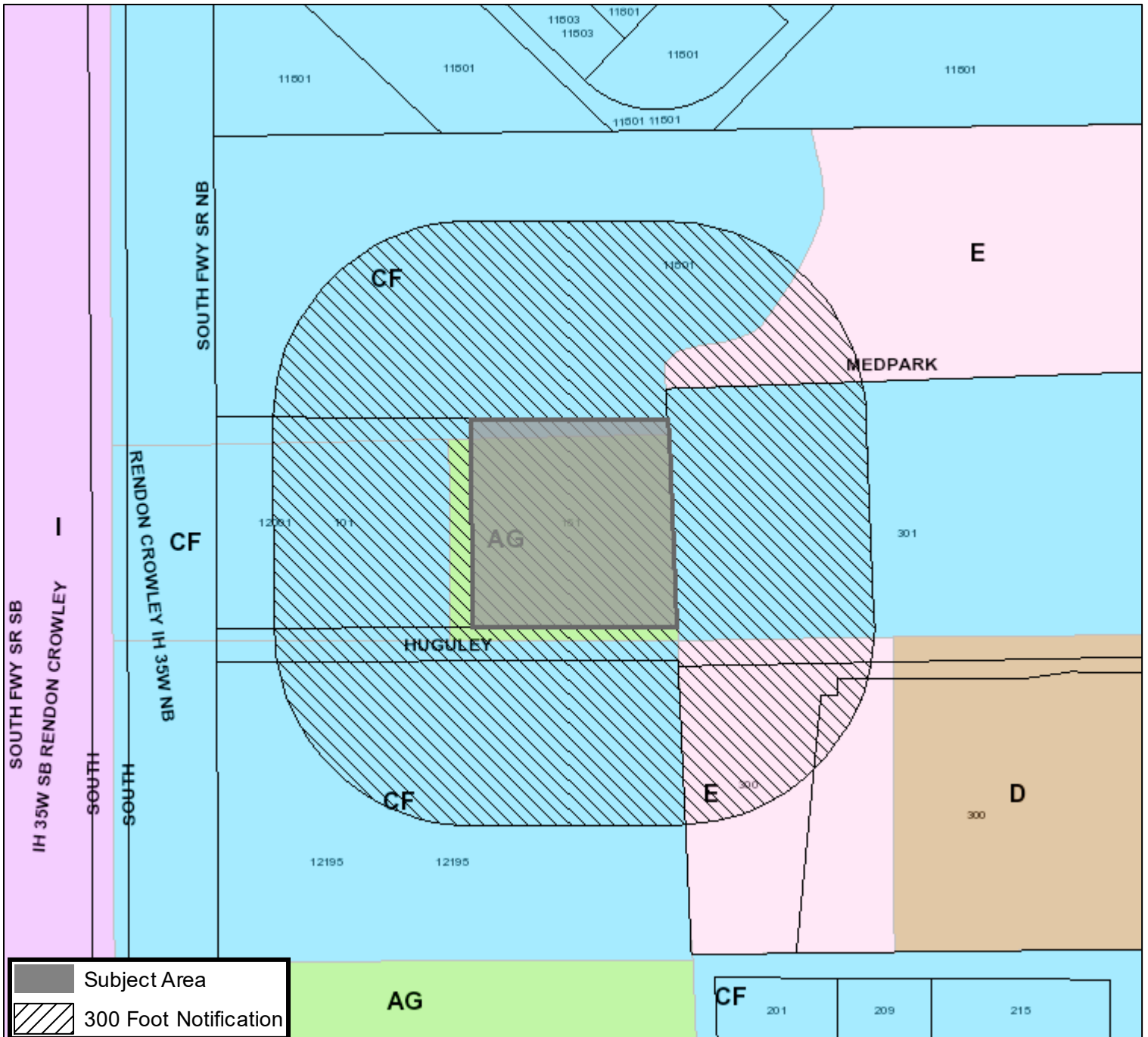




ZC-26-061

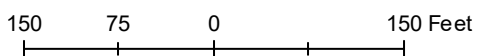
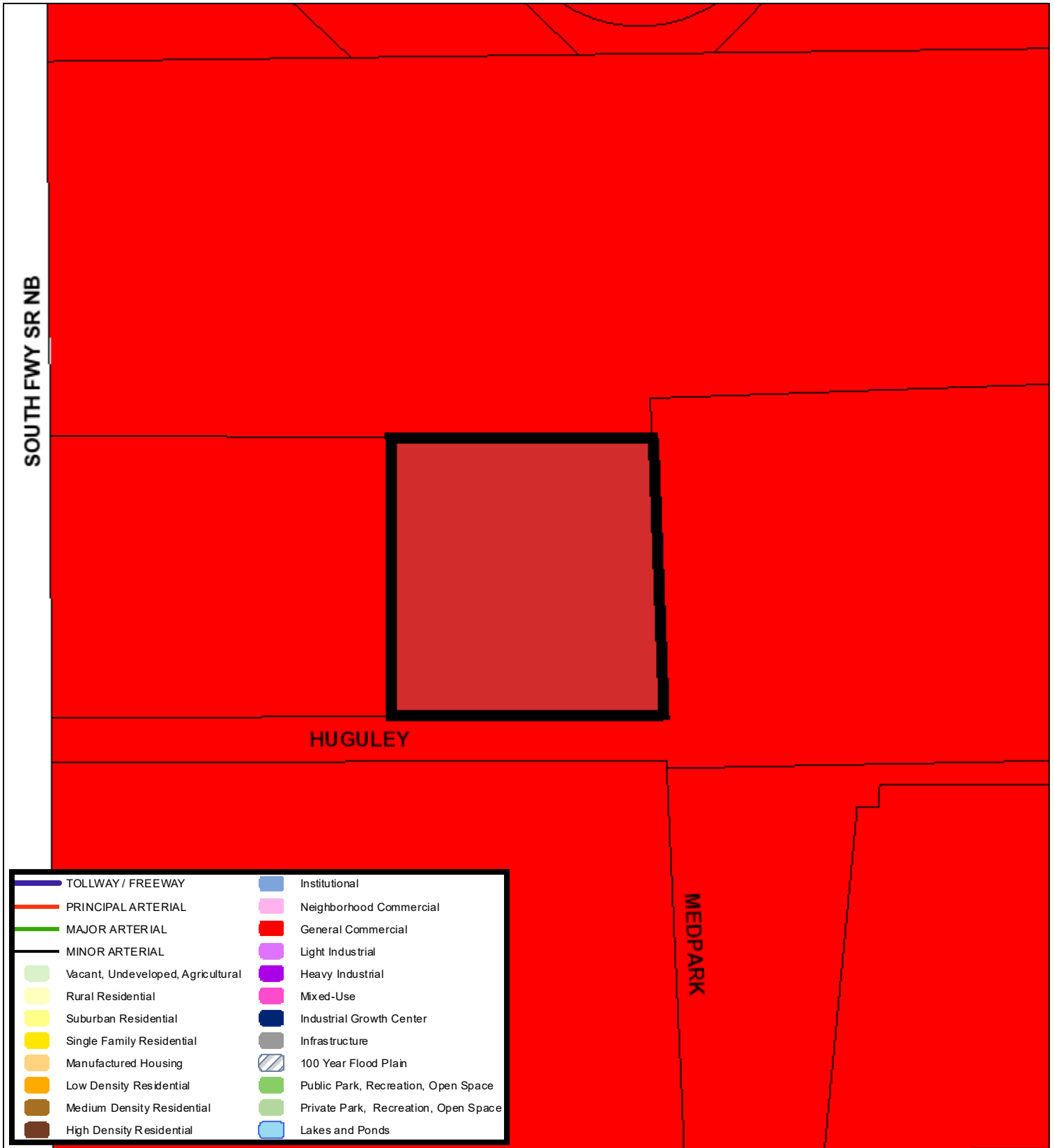
Area Zoning Map

Applicant: Texas Health Huguley/Teague, Nall & Perkins
 Address: 151 Huguley Boulevard
 Zoning From: AG
 Zoning To: CF
 Acres: 2.147
 Mapsco: Text
 Sector/District: Far South
 Commission Date: 6/10/2026
 Contact: 817-392-2779



0 110 220 440 Feet

Future Land Use



A Comprehensive Plan shall not constitute zoning regulations or establish zoning district boundaries. (Texas Local Government Code, Section 213.005.) Land use designations were approved by City Council on March 6, 2018.





ZONING CHANGE / SITE PLAN APPLICATION

CONTACT INFORMATION

PROPERTY OWNER TEXAS HEALTH HUGULEY INC

Mailing Address 11801 S. Freeway City, State, Zip Fort Worth, TX 76115

Phone 817.293.9110 Email Penny.Johnson@AdventHealth.com

APPLICANT TEXAS HEALTH HUGULEY INC

Mailing Address 11801 S. Freeway City, State, Zip Fort Worth, TX 76115

Phone 817.568.5551 Email brian.jordan@AdventHealth.com

AGENT / OTHER CONTACT Anthony Milbitz (Teague, Nall & Perkins, Inc.)

Mailing Address 5237 N Riverside Dr #100 City, State, Zip Fort Worth, TX 76137

Phone 940.300.9554 Email amilbitz@tnpinc.com

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): 151 HUGULEY BLVD and HUGULEY MEMORIAL ADDITION Block 1 Lot B, and C

Total Rezoning Acreage: 2.147 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.

Is the property platted?

YES - PLATTED

Subdivision, Block, and Lot (list all): HUGULEY MEMORIAL ADDITION Block 2 Lot 2

Is rezoning proposed for the entire platted area? Yes No Total Platted Area: 2.147 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

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
<input checked="" type="checkbox"/> Rezoning from one standard zoning district to another <input type="checkbox"/> Rezoning to Planned Development (PD) District <input type="checkbox"/> Adding a Conditional Use Permit (CUP) Overlay <input type="checkbox"/> Modifying development standards, waivers, and/or land uses for an existing PD or CUP	<input type="checkbox"/> Submitting a required site plan for an existing PD <i>(no change to development standards or waivers)</i> <input type="checkbox"/> Amending a previously approved PD or CUP site plan Existing PD or CUP Number: _____ Previous Zoning Case Number: _____

DEVELOPMENT INFORMATION

Current Zoning District(s): AG Proposed Zoning District(s): CF
 Current Use of Property: Vacant
 Proposed Use of Property: Parking Lot to support existing Huguley Hospital

For Planned Development (PD) Requests Only

First, reference Ordinance [Section 4.300](#) to ensure your project qualifies for PD zoning. If so, complete the following:

Base Zoning District Proposed for PD: _____
 Land 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 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)



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.

HUGULEY MEMORIAL ADDITION Block 2 Lot 2:

The subject property is currently zoned AG. The Property to the west is a Medical Office Building (MOB), to the north is a Fitness Center, to the south is a Medical Office Building (MOB), and to the east is a Rehabilitation and Healthcare Center. The planned use of the subject property is a parking lot to serve the staff of the adjacent Medical Office Buildings (MOB) and Fitness Center, which is consistent with the surrounding land uses. The proposed zoning request for the subject property is CF, which is compatible with the proposed use and aligns with the zoning of the adjacent properties.

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 [Fort Worth Neighborhood Database](#) includes contact information for each registered organization. To find a list of organizations in close proximity to your site, please use the [Online Zoning Map](#) or contact [Community Engagement](#). 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.
- A copy of the recorded plat or certified metes and bounds description (page 2)
- An exhibit map showing the entire area to be rezoned with labels for current and proposed zoning districts
- 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

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.

Owner's Signature (of the above referenced property): 
Owner's Name (Printed): Penny Johnson (Advent Health System)

If application is being submitted by an applicant or agent other than the property owner, complete the section below:

AUTHORITY IS HEREBY GRANTED TO (NAME) Teague, Nall & Perkins (Anthony Milbitz) ACTING ON MY BEHALF AS THE OWNER OF THIS PROPERTY AS INDICATED AT THE APPRAISAL DISTRICT, TO FILE AND PRESENT AN APPLICATION TO THE CITY OF FORT WORTH, TEXAS, TO REQUEST A CHANGE IN ZONING CLASSIFICATION FOR THE FOLLOWING PROPERTY:
HUGULEY MEMORIAL ADDITION Block 2 Lot 2 (CERTIFIED LEGAL DESCRIPTION)


Owner's Signature (of the above referenced property)
Penny Johnson (Advent Health System)
Owner's Name (Printed)


Applicant or Agent's Signature
Teague, Nall & Perkins (Anthony Milbitz)
Applicant or Agent's Name (Printed):

Digitally signed by Anthony Milbitz
DN: C=US, E=amilbitz@inpinc.com, O=TNP,
CN=Anthony Milbitz
Date: 2026.05.01 11:51:19-05'00'



*Adventist Health System/Sunbelt, Inc.
Legal Department*

**CERTIFICATION OF SIGNATORY AUTHORITY
(CITY OF FORT WORTH, TEXAS)**

The undersigned hereby certifies that Penny Johnson is the duly appointed President and Chief Executive Officer of Texas Health Huguley Hospital Fort Worth South, and is fully authorized to execute, submit, and approve applications, permits, affidavits, certifications, acknowledgments, agreements, amendments, resubmittals, and related documents required by the City of Fort Worth, Texas, including the Development Services Department and any other municipal authority.

This authority is granted on behalf of, and shall be binding upon, the following entities, as applicable:

- Adventist Health System/Sunbelt, Inc., d/b/a AdventHealth
- Adventist Health System/Sunbelt, Inc., d/b/a Huguley Memorial Hospital
- Texas Health Huguley, Inc. (THH)
- Texas Health Huguley Hospital Fort Worth South
- MOB VI, LLC
- Texas Health Huguley Orthopedic Surgery Center, LLC (THH OSC)

The authority granted herein includes, without limitation, documents related to zoning, platting, site plan approvals, building and trade permits, inspections, utility services, temporary certificates of occupancy, certificates of occupancy, and all related municipal approvals.

This Certification may be relied upon by the City of Fort Worth, Texas, as conclusive evidence of authority unless and until revoked in writing by AdventHealth.

ADVENTIST HEALTH SYSTEM/SUNBELT, INC.
d/b/a AdventHealth

By: 
Name: Jordan Clothier

Title: Associate Chief Legal Officer

Authorized Legal Department Representative

Date: 1/12/2026



SITE PLAN CHECKLIST AND REQUIREMENTS

Planned Development (PD) and Conditional Use Permit (CUP) Requests

Items to be Shown on All Site Plans

Project Identification:

- Site Address and Legal Description
- Title of project or development (in bold letters) in the lower righthand corner of the plan
- Date of preparation or revision, as applicable
- Name, address, and telephone number of engineer, architect, surveyor, and developer/owner
- Vicinity map, north arrow, and scale
- Label the zoning case number in the lower righthand corner of the plan, below the title
- Provide a signature line labeled: "Director of Development Services" with a "Date" line above the project title

Site Conditions:

- Buildings and Structures – The location and dimensions of all existing and proposed buildings and structures on the site, including those proposed for removal; the specific category of land/occupancy use(s) to be contained therein; the gross floor area, number of stories, land density per net acre of any residential buildings to remain or proposed, building height and separation, exterior construction material(s); and the location of all entrances and exits to buildings.
- Streets, Parking, and Drives – The location, paving and Right-of-Way widths, dimensions, and type(s) of all existing and proposed surface materials of perimeter and internal public and private streets, driveways, entrances, exits, parking and loading areas, including the number of off-street parking and ADA spaces, access ramps, wheel stops/curbing, and internal vehicular circulation pattern(s) or flow diagrams.
- Supplemental Surfaces – The types of surfacing i.e. grass turf, gravel, walks, etc. elsewhere existing or proposed on the site that is not proposed for vehicular paving and circulation.
- Dumpsters/Air Conditioners/Compactors – The size and location of all garbage containers, compactors, ground mounted air conditioners, etc., including the screening material identification and height thereof.
- Fences and Screening – Location, material, and height of all screen fences, walls, screen plantings, or bufferyards.
- Setbacks and Easements – Show all utility, drainage, and other easements, and all setbacks as appropriate to the zoning district and recorded plats.
- Land Use and Zoning – Label the land use and zoning classifications of both the site area and the immediately adjacent properties abutting the site.
- For Multifamily Site Plans - Provide a diagram showing areas being counted towards open space. If a waiver is required, provide a specific minimum percentage or other language defining how open space will be calculated for your project.

General Notes:

The following notes should be included on all site plans:

- This project will comply with [Section 6.301, Landscaping](#).
 - Note: For multifamily projects, revise this note to state: "This project will comply with Enhanced Landscaping Requirements for Section ____." (reference section for your specific zoning district)*
- This project will comply with [Section 6.302, Urban Forestry](#).
- All signage will conform to [Article 4, Signs](#).
- All provided lighting will conform to the Lighting Code.

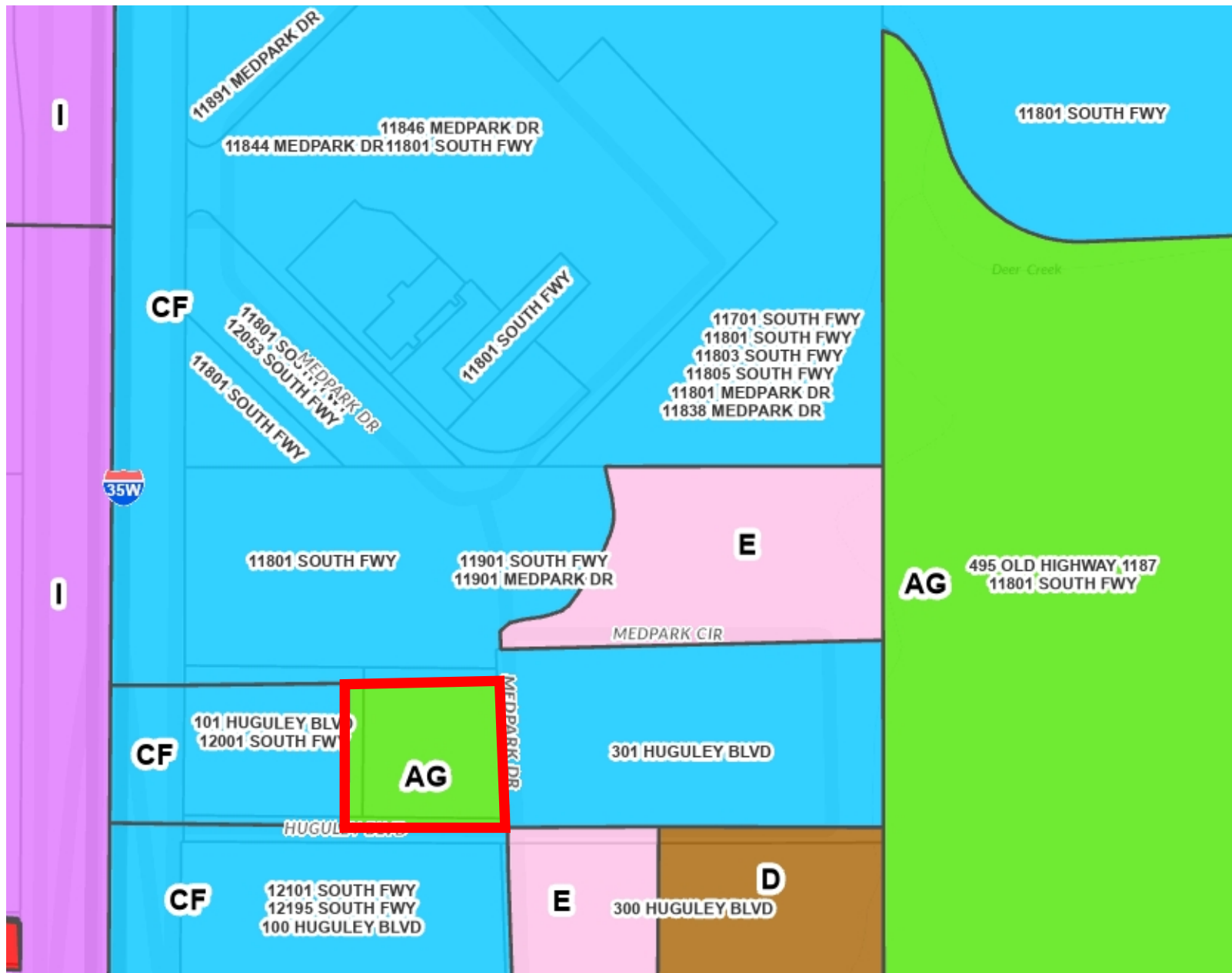
For multifamily projects in CR, C, or D districts, also include the following note:

- This project will comply with the Multifamily Design Standards (MFD) and an MFD Site Plan shall be submitted.

Please make sure to carefully review the development and design standards for your zoning district in [Chapter 4](#) of the Zoning Ordinance. If any waivers from these requirements are being requested, they must be clearly listed on the application and site plan. Once a site plan is approved by City Council, a PD or CUP Amendment will be required to add or modify any waivers. This is a full rezoning (public hearing) process that cannot be approved administratively.

Note: Approval of a zoning site plan does not waive health and safety requirements from Platting, Transportation/Public Works, Fire, Park & Recreation, and Water Department. These items cannot be waived through the Zoning Commission and City Council. Approval of the zoning site plan does not constitute the acceptance of conditions from these departments.

FTW Zoning Map - Texas Health Huguley Parking Lots



Legend

- NCTCOG Freeways 4,514
- Streets Label 4,514
- Zoning Outline
- Overlay Districts
 - <Null>
 - 21047
 - AO
 - APZ 1
 - APZ 2
 - CIRCLE PARK
 - CZ
 - DOWNTOWN URBAN
 - DT GREENWAY
 - DT INDUSTRIAL
 - DT SAMUELS
 - I-35W CENTRAL
 - I-35W NORTH
 - I-35W SOUTH
 - PIP-11
 - PIP-3
 - PIP-4
 - PIP-5
 - PIP-6
 - STOP SIX
 - TCU
- Zoning Fill
 - Agricultural
 - A-5; A-7.5; A-10; AR - Single Family
 - A-2.5A; A-43 - Residential (Single Family, One-Acre +)
 - A-21 - Residential (Single Family, 1/2 Ac
 - MH - Residential (Manufactured Housing
 - B; R1; R2 - Low Density Residential
 - C; CR; D - Multi Family
 - UR - Urban Residential
 - CF - Community Facility
 - ER; E; EP - Neighborhood Commercial
 - FR; F; G; OM - General Commercial
 - Mixed Use, Downtown, and Form Based Districts
 - IP; I - Light Industrial
 - J; K - Heavy Industrial
 - O1; O2 - Floodplain
 - Planned Development
 - Planned Development (Agricultural)
 - Planned Development (A-5; PD, A5; PD, A-10; PD, A-5; PD, A-43)
 - Planned Development (A-2.5A; A-43 - Residential (Single Family, One-Acre +))
 - Planned Development (A-21 - Residential (Single Family, 1/2 Acre +))
 - Planned Development (B; R1; R2 - Low Density Residential)
 - Planned Development (C; CR; D - Multi Family)
 - Planned Development (CF - Community

0.1 0 0.07 0.1 Miles

This product is for informational purposes and may not have been prepared for or be suitable for legal, engineering, or surveying purposes. The City of Fort Worth assumes no responsibility for the accuracy of said data.

NCTCOG ORTHOPHOTOGRAPHY



4/28/2014 11:45 AM