



NEIGHBORHOOD GROUP NOTICES

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
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

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
200 Texas St, Fort Worth, TX 76102

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.

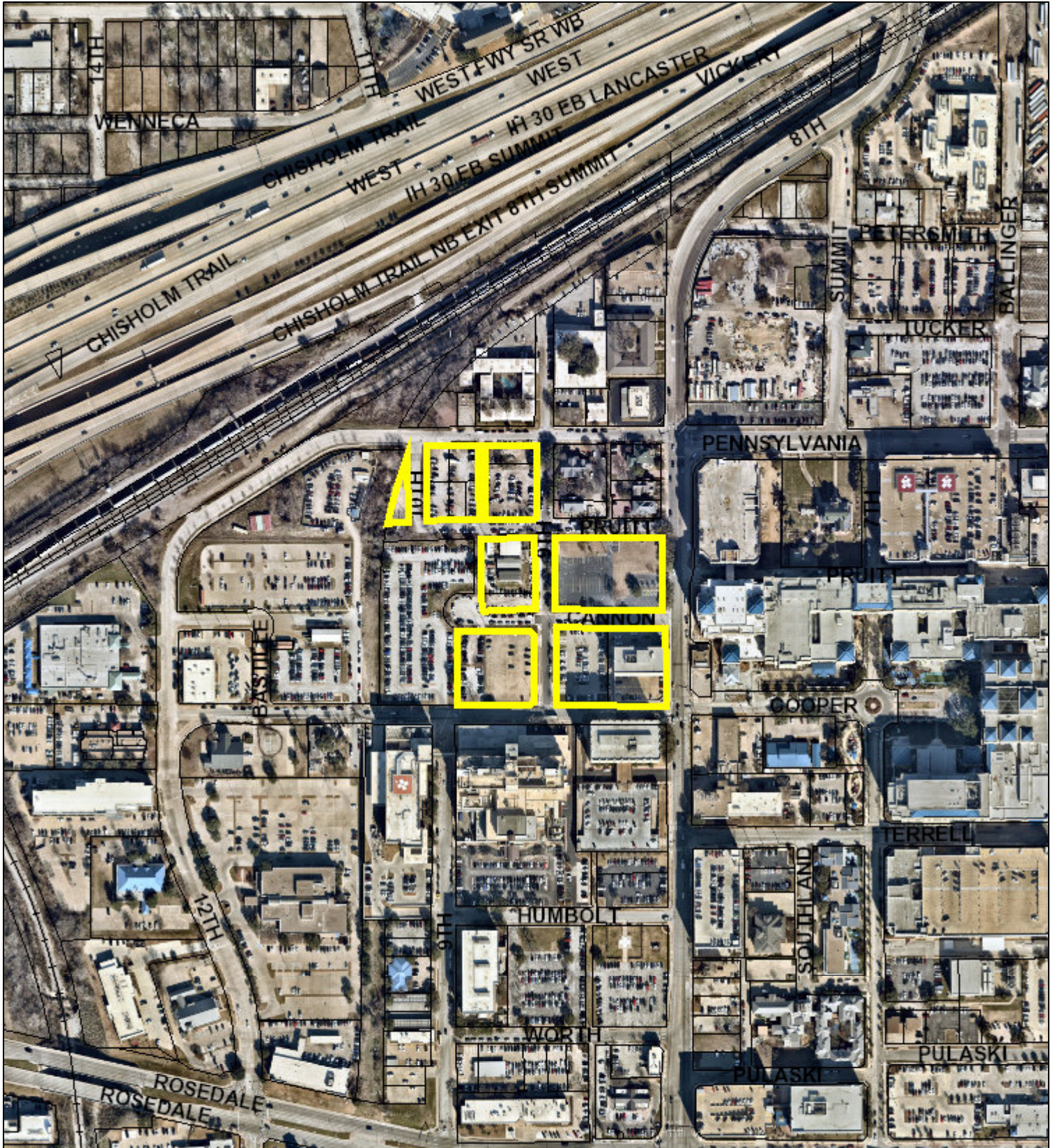
PUBLIC HEARING DATES	
Zoning Commission	
City Council	
Location: 200 Texas St. Council Chambers, Second Floor	
LOCATION MAP	

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:	

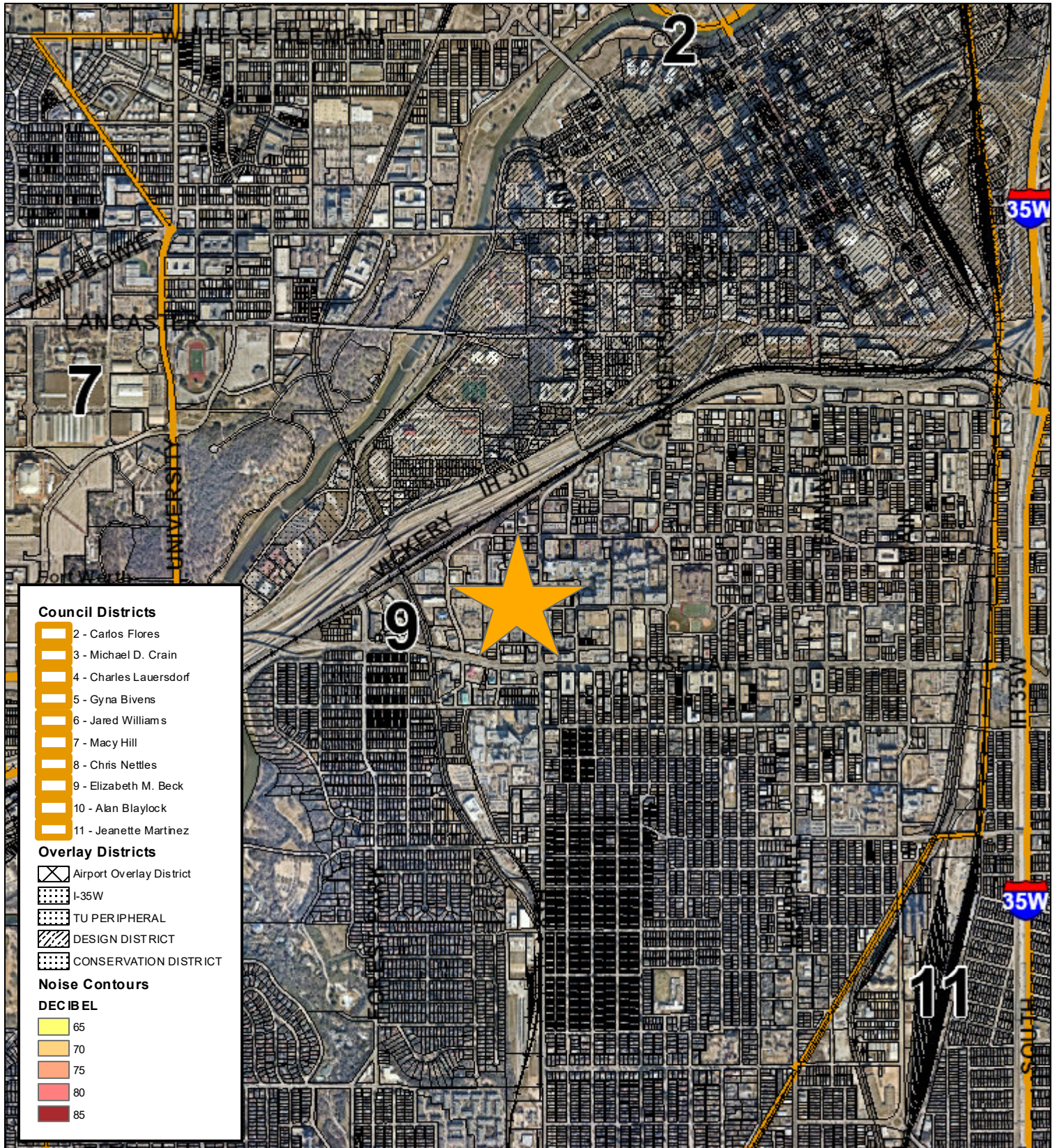
Aerial Photo Map



0 230 460 920 Feet



Area Map



Council Districts

- 2 - Carlos Flores
- 3 - Michael D. Crain
- 4 - Charles Lauersdorf
- 5 - Gyna Bivens
- 6 - Jared Williams
- 7 - Macy Hill
- 8 - Chris Nettles
- 9 - Elizabeth M. Beck
- 10 - Alan Blaylock
- 11 - Jeanette Martinez

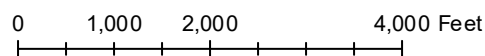
Overlay Districts

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

Noise Contours

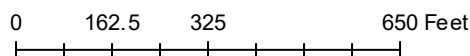
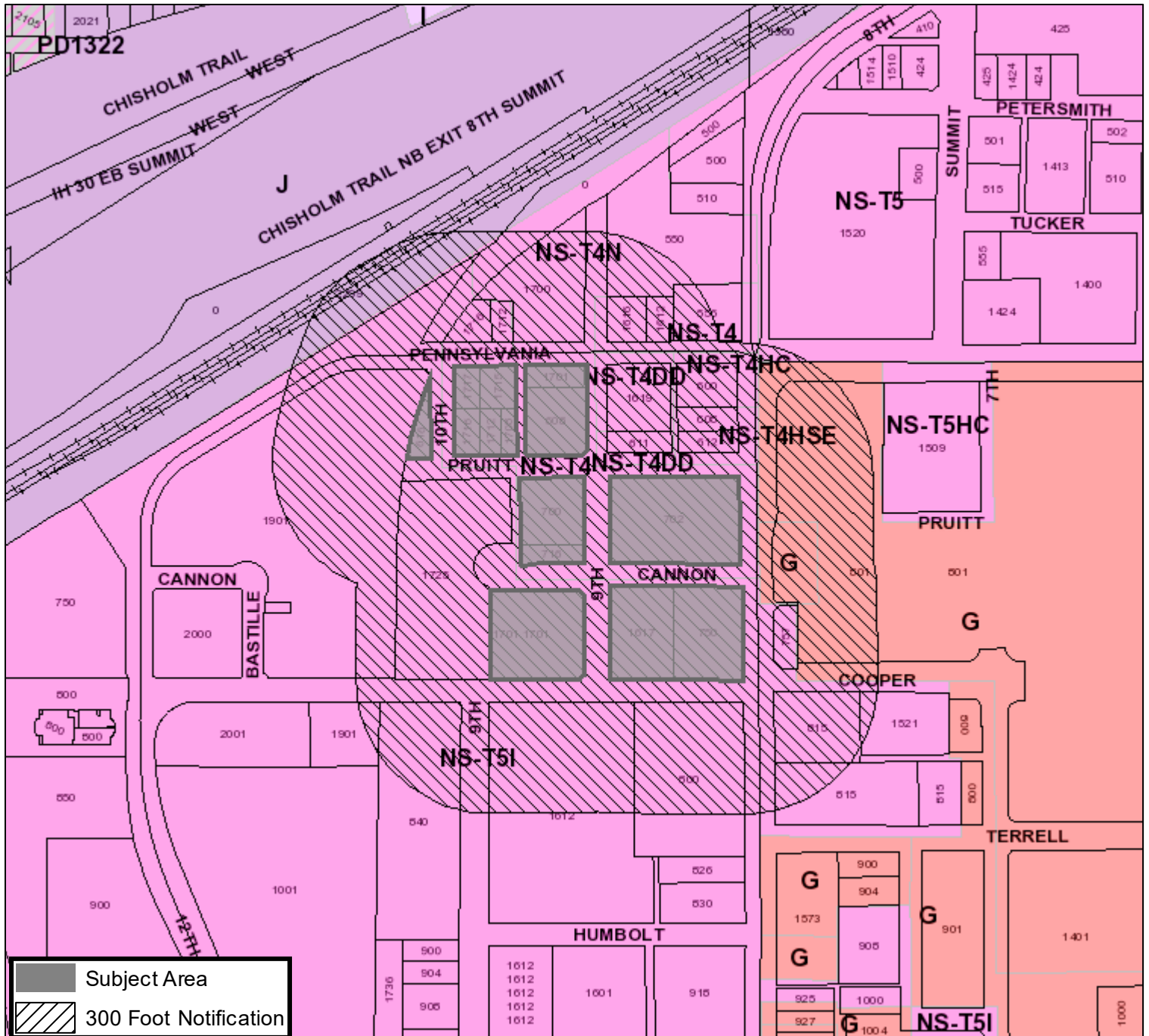
DECIBEL

- 65
- 70
- 75
- 80
- 85

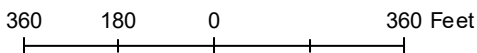
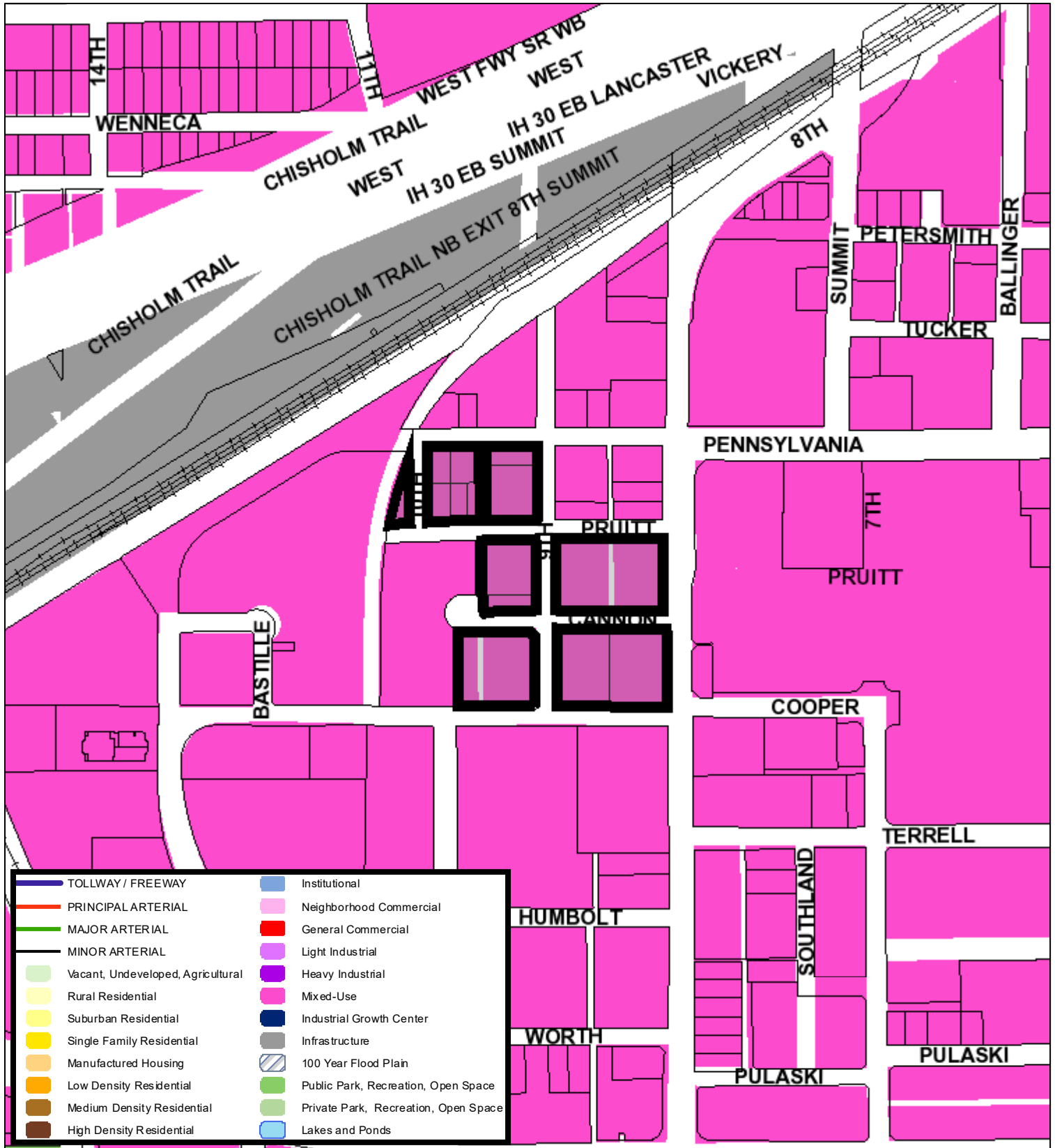


Area Zoning Map

Applicant: Cook Children's Health Care System
 Address: 616 10th; 1715-1717 (odds) Pennsylvania Ave.; 1708-1716 (evens) Pruitt St.; 700 & 716 9th
 Zoning From: NS- T4/NS-T5
 Zoning To: G
 Acres: 5.78092406
 Mapsco: Text
 Sector/District: Southside
 Commission Date: 9/11/2024
 Contact: 817-392-8037



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 Cook Children's Health Care System

Mailing Address 801 7th Avenue City, State, Zip Fort Worth, TX. 76104

Phone 682-885-7145 Email Spencer.Seals@CookChildrens.org

APPLICANT Cook Children's Health Care System (Spencer Seals)

Mailing Address 801 7th Avenue City, State, Zip Fort Worth, TX. 76104

Phone 682-885-7145 Email Spencer.Seals@CookChildrens.org

AGENT **OTHER CONTACT** Dunaway Associates (Agent Stephen Cook)

Mailing Address 550 Bailey Avenue, Suite 400 City, State, Zip Fort Worth TX. 76107

Phone 817- 335-1121 Email scook@dunaway.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): See Attachments

Total Rezoning Acreage: 5.77 Ac. 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): EDWARD HEIRS ADDITION

Is rezoning proposed for the entire platted area? Yes No Total Platted Area: 5.77 Ac. 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): NS-T4, NS-T51 Proposed Zoning District(s): "G" Commercial

Current Use of Property: Surface parking, Construction trailers, Office building with underground parking, vacant

Proposed Use of Property: Existing uses to remain

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.

The property owner desires to rezone all of their properties from Near Southside zoning to G (intensive Commercial) to match the rest of the medical campus. All current land uses will remain in operation.

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

N/A 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.

DocuSigned by:
Spencer Seals
38B3D00F9F1B448...

Owner's Signature (of the above referenced property): _____

Owner's Name (Printed): Spence Seals (Cook Children's Health Care 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) Dunaway Associates (Stephen Cook) 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:

EDWARD HEIRS ADDITION (CERTIFIED LEGAL DESCRIPTION)

DocuSigned by:
Spencer Seals
38B3D00F9F1B448...

Owner's Signature (of the above referenced property)

Spence Seals

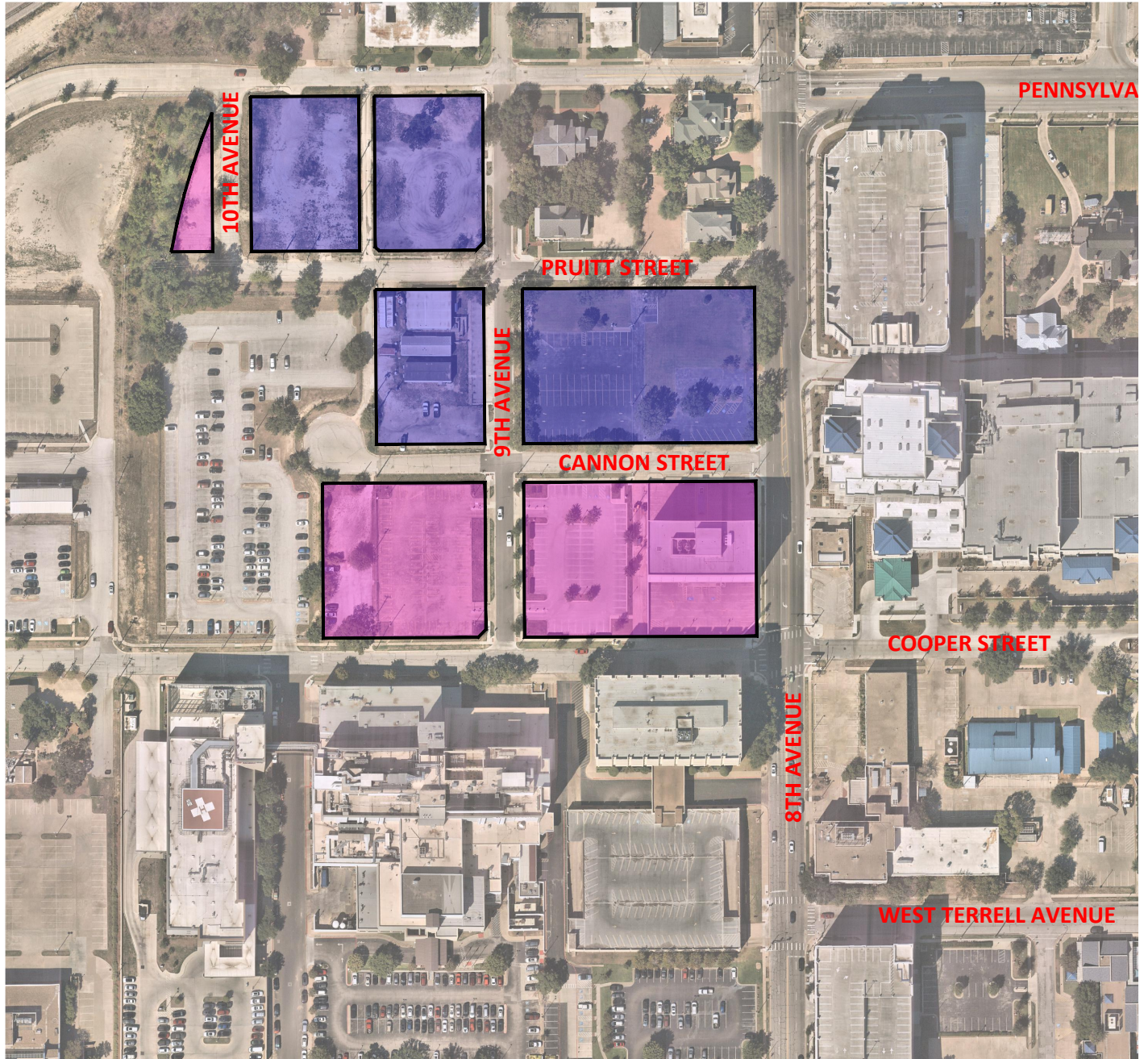
Owner's Name (Printed)

Stephen A. Cook

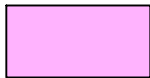
Applicant or Agent's Signature

Stephen Cook (Agent)

Applicant or Agent's Name (Printed):



LEGEND



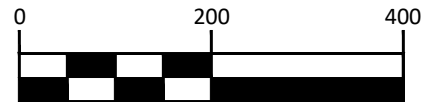
NEAR SOUTHSIDE (NS-T51)



NEAR SOUTHSIDE (NS-T4)



550 Bailey Avenue • Suite 400 • Fort Worth, Texas 76107
Tel: 817.335.1121
TX REG. F-1114



GRAPHIC SCALE IN FEET