



# DEVELOPMENT APPLICATION

City of Rockwall  
Planning and Zoning Department  
385 S. Goliad Street  
Rockwall, Texas 75087

STAFF USE ONLY

PLANNING & ZONING CASE NO. \_\_\_\_\_

**NOTE:** THE APPLICATION IS NOT CONSIDERED ACCEPTED BY THE CITY UNTIL THE PLANNING DIRECTOR AND CITY ENGINEER HAVE SIGNED BELOW.

DIRECTOR OF PLANNING: \_\_\_\_\_

CITY ENGINEER: \_\_\_\_\_

PLEASE CHECK THE APPROPRIATE BOX BELOW TO INDICATE THE TYPE OF DEVELOPMENT REQUEST [SELECT ONLY ONE BOX]:

### PLATTING APPLICATION FEES:

- MASTER PLAT (\$100.00 + \$15.00 ACRE) <sup>1</sup>
- PRELIMINARY PLAT (\$200.00 + \$15.00 ACRE) <sup>1</sup>
- FINAL PLAT (\$300.00 + \$20.00 ACRE) <sup>1</sup>
- REPLAT (\$300.00 + \$20.00 ACRE) <sup>1</sup>
- AMENDING OR MINOR PLAT (\$150.00)
- PLAT REINSTATEMENT REQUEST (\$100.00)

### SITE PLAN APPLICATION FEES:

- SITE PLAN (\$250.00 + \$20.00 ACRE) <sup>1</sup>
- AMENDED SITE PLAN/ELEVATIONS/LANDSCAPING PLAN (\$100.00)

### ZONING APPLICATION FEES:

- ZONING CHANGE (\$200.00 + \$15.00 ACRE) <sup>1</sup>
- SPECIFIC USE PERMIT (\$200.00 + \$15.00 ACRE) <sup>1 & 2</sup>
- PD DEVELOPMENT PLANS (\$200.00 + \$15.00 ACRE) <sup>1</sup>

### OTHER APPLICATION FEES:

- TREE REMOVAL (\$75.00)
- VARIANCE REQUEST/SPECIAL EXCEPTIONS (\$100.00) <sup>2</sup>

#### NOTES:

<sup>1</sup> IN DETERMINING THE FEE, PLEASE USE THE EXACT ACREAGE WHEN MULTIPLYING BY THE PER ACRE AMOUNT. FOR REQUESTS ON LESS THAN ONE ACRE, ROUND UP TO ONE (1) ACRE.  
<sup>2</sup> A \$1,000.00 FEE WILL BE ADDED TO THE APPLICATION FEE FOR ANY REQUEST THAT INVOLVES CONSTRUCTION WITHOUT OR NOT IN COMPLIANCE TO AN APPROVED BUILDING PERMIT.

## PROPERTY INFORMATION [PLEASE PRINT]

ADDRESS 302 5250 Medical Drive

SUBDIVISION \_\_\_\_\_

LOT \_\_\_\_\_

BLOCK \_\_\_\_\_

GENERAL LOCATION Rockwall

## ZONING, SITE PLAN AND PLATTING INFORMATION [PLEASE PRINT]

CURRENT ZONING PD9

CURRENT USE Assisted Living

PROPOSED ZONING \_\_\_\_\_

PROPOSED USE \_\_\_\_\_

ACREAGE 10.549

LOTS [CURRENT] \_\_\_\_\_

A

LOTS [PROPOSED] \_\_\_\_\_

**SITE PLANS AND PLATS:** BY CHECKING THIS BOX YOU ACKNOWLEDGE THAT DUE TO THE PASSAGE OF HB3167 THE CITY NO LONGER HAS FLEXIBILITY WITH REGARD TO ITS APPROVAL PROCESS, AND FAILURE TO ADDRESS ANY OF STAFF'S COMMENTS BY THE DATE PROVIDED ON THE DEVELOPMENT CALENDAR WILL RESULT IN THE DENIAL OF YOUR CASE.

## OWNER/APPLICANT/AGENT INFORMATION [PLEASE PRINT/CHECK THE PRIMARY CONTACT/ORIGINAL SIGNATURES ARE REQUIRED]

OWNER

APPLICANT Lakeshore Assisted Living

CONTACT PERSON \_\_\_\_\_

CONTACT PERSON Bennie Griffin

ADDRESS \_\_\_\_\_

ADDRESS 5250 Medical Dr.

CITY, STATE & ZIP \_\_\_\_\_

CITY, STATE & ZIP Heath TX 75032

PHONE \_\_\_\_\_

PHONE 469-769-5978

E-MAIL \_\_\_\_\_

E-MAIL Bennie.Griffin@sc.pinnacle.com

## NOTARY VERIFICATION [REQUIRED]

BEFORE ME, THE UNDERSIGNED AUTHORITY, ON THIS DAY PERSONALLY APPEARED Bennie Griffin [OWNER] THE UNDERSIGNED, WHO STATED THE INFORMATION ON THIS APPLICATION TO BE TRUE AND CERTIFIED THE FOLLOWING:

"I HEREBY CERTIFY THAT I AM THE OWNER FOR THE PURPOSE OF THIS APPLICATION; ALL INFORMATION SUBMITTED HEREIN IS TRUE AND CORRECT; AND THE APPLICATION FEE OF \$ 100.00 TO COVER THE COST OF THIS APPLICATION, HAS BEEN PAID TO THE CITY OF ROCKWALL ON THIS THE 14<sup>th</sup> DAY OF April, 2026. BY SIGNING THIS APPLICATION, I AGREE THAT THE CITY OF ROCKWALL (I.E. "CITY") IS AUTHORIZED AND PERMITTED TO PROVIDE INFORMATION CONTAINED WITHIN THIS APPLICATION TO THE PUBLIC. THE CITY IS ALSO AUTHORIZED AND PERMITTED TO REPRODUCE ANY COPYRIGHTED INFORMATION SUBMITTED IN CONJUNCTION WITH THIS APPLICATION, IF SUCH REPRODUCTION IS ASSOCIATED OR IN RESPONSE TO A REQUEST FOR PUBLIC INFORMATION."

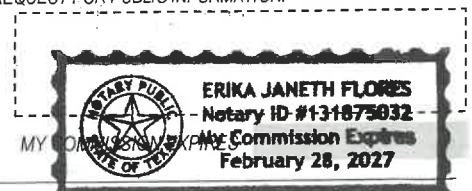
GIVEN UNDER MY HAND AND SEAL OF OFFICE ON THIS THE 14<sup>th</sup> DAY OF April, 2026.

OWNER'S SIGNATURE

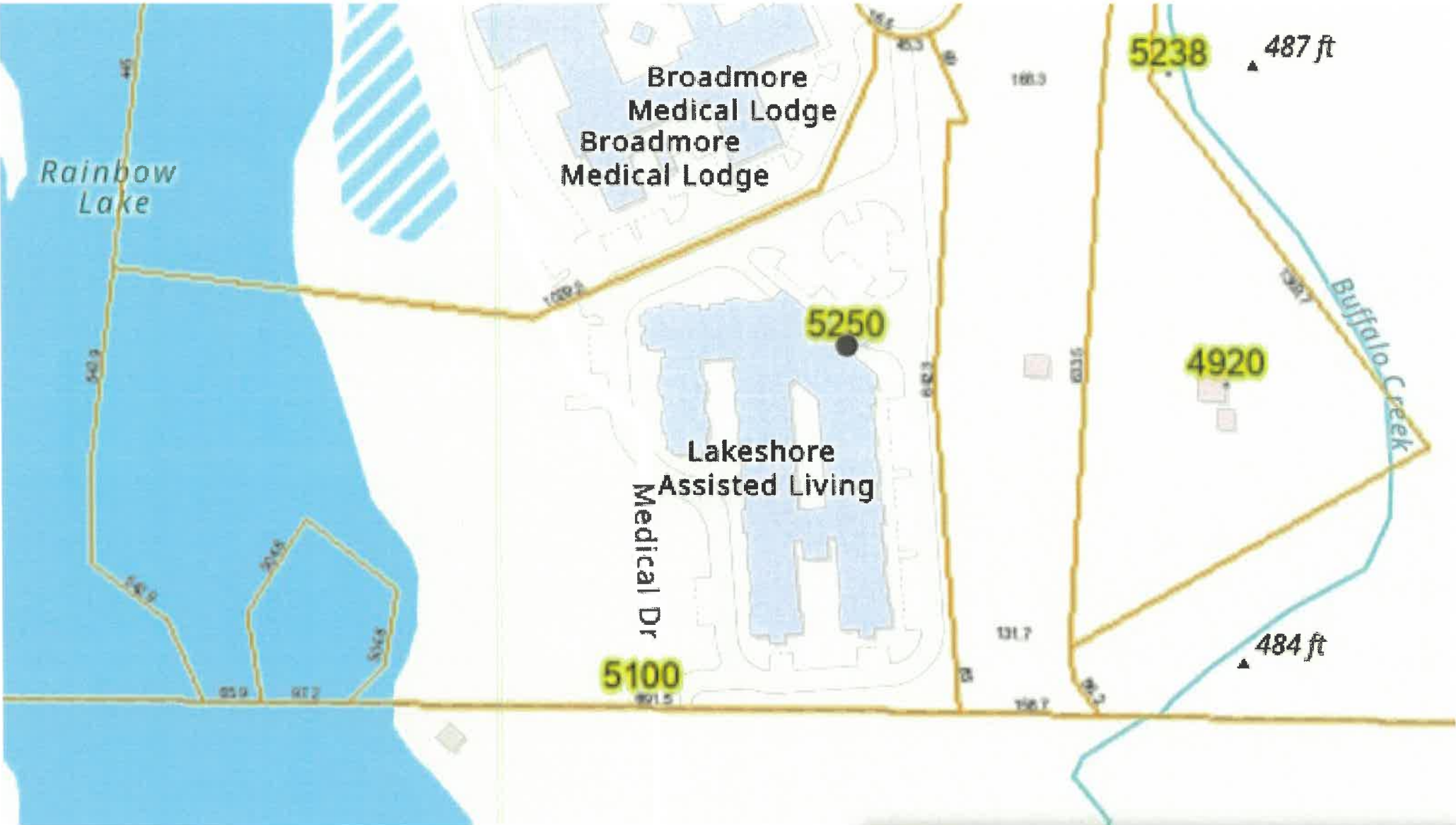
Bennie Griffin

NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

[Signature]







Broadmore  
Medical Lodge  
Broadmore  
Medical Lodge

Lakeshore  
Assisted Living

Medical Dr

Rainbow  
Lake

Buffalo Creek

5250

5238

▲ 487 ft

4920

5100

▲ 484 ft

