APPLICATION & CHECKLIST - ZONING CHANGE CITY OF KYLE

Zoning	g: Andrew Cipto APR 11 2017
Fill oPlaceUse t	(Name of Owner) CTIONS: CTIONS: Out the following application and checklist completely prior to submission. The a check mark on each line when you have complied with that item. The most current application from the City's website at www.cityofkyle.com or at City Hall. City ordinances can be need from the City of Kyle.
The foll accepted	Completed application form with owner's original signature. Letter explaining the reason for the request. Application fee: \$428.06, plus \$3.62 per acre or portion thereof. Newspaper Publication Fee: \$190.21 ee: 421.89 A map or plat showing the area being proposed for rezoning.
]	Zoning Request: Current Zoning Classification: CM - Construction / Manufacturing Proposed Zoning Classification: CC - Community Commercial Proposed Use of the Property: Retail Space / Drive thru restaurant Acreage/Sq. Ft. of Zoning Change: O-5 Acre
] <u>]</u> S	Address and Legal Description: Provide certified field notes describing the property being proposed for rezoning. Provide complete information on the location of the property being proposed for rezoning. Street Address: 1408 Center st, kyle +x 78640 Subdivision Name/Lot & Block Nos.: A0361 - John Pharass Survey, ACRES O.S., NO MH INFO

Property Recording Information: Hays County Volume/Cabinet No. Page/Slide No.									
3. Ownership Information: Name of Property Owner(s): Andrew Cipto									
(If property ownership is in the name of a partnership, corporation, joint venture, trust or other entity, please list the official name of the entity and the name of the managing partner.)									
Address of Owner:	PO BOX 163822								
Phone Number:	(512) 944 - 2811								
Fax Number:									
Email Number:	acipto@gmail.com								
I hereby request that my property, as described above, be considered for rezoning:									
Signed: Date:	4/5/2017								
4. Agent Information: If an agent is representing the owner of the property, please complete the following information:									
Agent's Name:									
Agent's Address:	•								
Agent's Phone Number:									
Agent's Fax Number: Agent's Mobile Number:									
Agent's Email Number:									
I hereby authorize the person named above to act as my agent in processing this application before the Planning and Zoning Commission and City Council of the City of Kyle:									
Owner's Signature:									
Date:									

Do Not Write Below This Line Staff Will Complete

Tax Certificates:	County	School	☐ City		٠				
Certified List of Prop	perty Owners V	Vithin 200"		CITY O	EKVIE				
All Fees Paid:	☐ Filing/Ap	plication 🔲 M	fail Out Costs	OHTO	NILL				
Attached Map of Subject Property APR 11									
Accepted for Processing By: Libbila Guerra Date: PLANNING DEPARTMENT									
Date of Public Notification in Newspaper: 4/19/17									
Date of Public Hearin	ng Before Plan	ning and Zonin	g Commission:	19/17					
Date of Public Hearin	ng Before City	Council:	5/16/17		•				