APPLICATION & CHECKLIST - ZONING CHANGE CITY OF KYLE Zoning: KCW INTERESTS 3 LAC AND FAC CONSULIDATED MAR 07 2018 (Name of Owner) (Submittal Date) INSTRUCTIONS: (Name of Owner) Fill out the following application and checklist completely prior to submission. PLANNING DEPARTMENT Place a check mark on each line when you have complied with that item. Use the most current application from the City's website at www.cityofkyle.com or at City Hall. City ordinances can be obtained from the City of Kyle. REQUIRED ITEMS FOR SUBMITTAL PACKAGE: The following items are required to be submitted to the Planning Department in order for the Zoning Application to be accepted. Completed application form with owner's original signature. <u>~</u> 1. Re Zoule Letter explaining the reason for the request. 136-67 126-59 126-59 1216-87 Application fee: \$428.06, plus \$3.62 per acre or portion thereof. Newspaper Publication Fee: \$190.21 Total Fee: A map or plat showing the area being proposed for rezoning. A clear and legible copy of field notes (metes and bounds) describing the tract (when not a subdivided lot). Certified Tax certificates: County School · City Copy of Deed showing current ownership. *** A submittal meeting is required. Please contact Debbie Guerra at (512) 262-3959 to schedule an appointment. **Zoning Request:** 1. Current Zoning Classification: Proposed Zoning Classification: Proposed Use of the Property: Acreage/Sq. Ft. of Zoning Change: 2. 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: LREEK Sight TRAID - THE HILL POPLAT of LOTS / AWDZ

Subdivision Name/Lot & Block Nos.: Lot 2B ~ 2.361 AC.

Property Recording Information: Hays County Volume/Cabinet No. Page/Slide No.						
Name of Property Owner(s): KW INTERESTS 3 LLV AND FHU CONSOLIDATED						
(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: KCW INTERESTS 3 LL-Kelley WHITED FHC CONSOLATED BARBARS HUMBLE, Killey WHITED, DELSPAH THOMAS, MUSHOCK Phone Number: KCW INTEREST - 512 6990279, BARBARA HUMBLE (127137114) Fax Number: NO.						
Phone Number: RCW LNIEST - 372 6990 579, BWDFINA Humble (127737114) Fax Number: NO						
Email Number: GARY AND Kelky WHITED DG MAIL - COM						
I hereby request that my property, as described above, be considered for rezoning:						
No see that my property, as described above, be considered for rezoning.						
Date: 13018 Lilly Whital Deborah Mushoch Barbara Hembly						
4. Agent Information: If an agent is representing the owner of the property, please complete the following information:						
Agent's Name: GARY WHITE						
Agent's Name: GARY WHITED Agent's Address: 19809 LAKE HUISTLOOP SpiceWood TX 78469						
Agent's Phone Number: 512 773 3208						
Agent's Fax Number:						
Agent's Mobile Number:						
Agent's Email Number: Gary AND KELLEY WHITCH A GMALO COM						
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: Lelly Witd merber Oborah Mushak						

Date:

1-30-18

Do Not Write Below This Line Staff Will Complete

Tax Certificates:	County	School	☐ City		
Certified List of Pro	perty Owners V	Vithin 200"			
All Fees Paid:	☐ Filing/Ap	plication 🔲 M	Iail Out Costs		CITY OF KYLE
Attached Map of Subject Property					MAR 07 2018
Accepted for Processing By: Jobil (July 10-				Date:	FLANNING DEPARTMENT
Date of Public Notif	ication in News	paper:	3/21/18		to lead / St 1 IV then IV
Date of Public Heari	ing Before Plan	ning and Zonin	g Commission:	4/10/1	8
Date of Public Hear	ing Before City	Council: 4	117/18		- ·

Revised 4/15/14

Letter- Reason for Regnest

Property is NOW ZONED RS AND WE WOULD LIKE TO REZONE TO R-3-3

THANKS

Day Whits