APPLICATION & CHECKLIST – ZONING CHANGE

| Zoning:_ | DDR DB KYLE LP | 11/30/2020 | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|
| 0 - | (Name of Owner) | (Submittal Date) | | | | | | | | |
| INSTRUCT | | | | | | | | | | |
| | he following application and checklist comp | | | | | | | | | |
| | , | | | | | | | | | |
| | from the City of Kyle. | website at www.cityorkyte.com of at City Han. City ordinances can be | | | | | | | | |
| | ED ITEMS FOR SUBMITTAL PA | ACK ACE. | | | | | | | | |
| | | to the Planning Department in order for the Zoning Application to be | | | | | | | | |
| accepted. | ing items are required to be submitted | to the Flamming Department in order for the Zoning Application to be | | | | | | | | |
| <u>X</u> 1. | Completed application form with owner | er's original signature. | | | | | | | | |
| <u>X</u> 2. | Letter explaining the reason for the rec | quest. | | | | | | | | |
| <u>X</u> 3. | Application Fee: \$428.06, plus \$3.62 | per acre or portion thereof. | | | | | | | | |
| | Newspaper Publication Fee: \$190.21 | Sign Notice Fee: \$127.00 | | | | | | | | |
| Total Fee: | <u>\$815.81</u> | | | | | | | | | |
| <u>X</u> 4. | A map or plat showing the area being | proposed for rezoning. | | | | | | | | |
| 5. | A <u>clear and legible</u> copy of field notes (metes and bounds) describing the tract (when not a subdivided lot). | | | | | | | | | |
| 6. | Certified Tax certificates: County | School City | | | | | | | | |
| 7. | Copy of Deed showing current owners | ship. | | | | | | | | |
| *** A submittal meeting is required. Please contact Debbie Guerra at (512) 262-3959 to schedule an appointment. | | | | | | | | | | |
| | | | | | | | | | | |
| 1. <u>Z</u> e | oning Request: | | | | | | | | | |
| Cı | arrent Zoning Classification: | RS – Retail Services | | | | | | | | |
| Pr | oposed Zoning Classification: | R-3-3 | | | | | | | | |
| Pr | oposed Use of the Property: | Multi-Family | | | | | | | | |
| A | creage/Sq. Ft. of Zoning Change: | 19.4861 AC | | | | | | | | |

| 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: | | | | | | |
| | Subdivision Name/Lot & Block Nos.: Kyle Marketplace Section 2, LOT1, 1B, 1C, 2, 3, 4, Block F | | | | | | |
| | Property Recording In Volume/Cabinet N | | | | | | |
| 3. | Own auchin Informat | don. | | | | | |
| J. | Ownership Information: Name of Property Owner(s): DDR DB KYLE LP By DDR Kyle Holdings LLC, its General Partner | | | | | | |
| | | | | | | | |
| | Certified Public Note | ary: | | | | | |
| | This document was ac | knowledged before me on the 30k day of Hovmher, 2020, by | | | | | |
| | DDR Kyle Holdings LLC, the General Partner of DDR DB Kyle LP (Owner). | | | | | | |
| | Notary Public State of | POhio / | | | | | |
| | (Seal) | ELIZABETH A. BERRY Hotary Public, State of Ghlo, Geauga Cty. My Commission Expires 118122 | | | | | |
| 13.5 | | | | | | | |
| | | ne name of a partnership, corporation, joint venture, trust or other entity, please list and the name of the managing partner.) | | | | | |
| | Address of Owner: | 3300 Enterprise Pkwy | | | | | |
| | | Beachwood, OH 44122 | | | | | |
| | Phone Number: | | | | | | |
| | Fax Number: | | | | | | |
| | Email Number: | | | | | | |
| 1 6 | | | | | | | |
| i neret | | erty, as described above, be considered for rezoning: | | | | | |
| | Signed: | Nov. 30, 2020 Michael S. Owendoff, Deputy General Counsel | | | | | |
| | Date: | Michael S. Uwendoff, Deputy General Counsel | | | | | |

| 4. Agent Information: If an agent is representing the owner of the property, please complete the following information: | | | | | | | |
|--|--|--|--|--|--|--|--|
| Agent's Name: | Travis Sawvell | | | | | | |
| Agent's Address: | 1703 W. 5th, Suite 850, Austin, TX 78750 | | | | | | |
| Agent's Phone Number: | (512) 368-7086 | | | | | | |
| Agent's Fax Number: | (737)346-3555 | | | | | | |
| Agent's Mobile Number: | (512) 810-8154 | | | | | | |
| Agent's Email Number: | travis.sawvell@am.jll.com | | | | | | |
| | n named above to act as my agent in processing this application before the Planning City Council of the City of Kyle: Midel 1. Owen M | | | | | | |
| Date: | Nov. 30, 2020 Michael S. Owendoff, Deputy General Counsel | | | | | | |

Do Not Write Below This Line Staff Will Complete

| Tax Certificates: | County | School | City | | | | |
|---|-----------------|-------------|---------------|-------|--|--|--|
| Certified List of Prop | perty Owners V | Vithin 200" | | | | | |
| All Fees Paid: | Filing/Ap | plication M | ail Out Costs | | | | |
| Attached Map of Subject Property | | | | | | | |
| Accepted for Process | sing By: | | | Date: | | | |
| Date of Public Notification in Newspaper: | | | | | | | |
| Date of Public Notifi | ication in News | spaper: | | | | | |
| | | | | | | | |