## LANDOWNER AUTHORIZATIONAND AFFIDAVIT OF OWNERSHIP

SUBJECT PROPERTY INFORMATION	
	ption if not subdivided: <u>Lot 1-Q of the SETON HAYS</u>
COUNTY SUBDIVISION REPLAT OF LOT	
# of lots (if subdivided):one(1)  # of a	icres: _1.061
Site APN/Property ID #(s): _R130408	
Location: <u>5767 Kyle Parkway, Kyle, TX</u> 78	640 County: <u>Hays</u>
Development Name:The Village at Kyle	proposed Waffle House Restaurant
OWNER	
Company/Applicant Name: <u>SCC KYLE PA</u>	ARTNERS, LTD
Authorized Company Representative (if comp	any is owner): Phillip M. Plant
Type of Company and State of Formation: a	Texas limited partnership
Title of Authorized Company Representative (	
Applicant Address: <u>800 N. Shoreline Blvd.</u>	Suite #2200S, Corpus Christi, TX 78401
Applicant Fax: (361) 359-2283	Variable and the second
Applicant Phone: (361) 888-7611	
Applicant/Authorized Company Representativ	e Email: Phil@hpo.com
APPLICANT REPRESENTATIVE	
Check one of the following:	
I will represent the application myself; o	or .
X I hereby designate Sanford McAllister,	Real Estate Director - Waffle House, Inc. (name of project
representative) to act in the capacity as the age	ent for filing, processing, representation, and/or presentation
of this development application. The designate	ed agent shall be the principal contact person for responding
to all requests for information and for resolving	g all issues of concern relative to this application.
	5 an house of concern relative to this approacion.
I hereby certify that the above-named owner is	the rightful owner of the Property. I am either the owner of
the property identified above or a partner/r	manager/officer/director/member of the company who is
nutherized to not an hability of the common. If	manager/officer/director/member of the company who is
authorized to act on behalf of the company. The	urther certify that the information provided herein and in the
application for the development is true and co	rrect. By signing below, I agree that the City of Kyle (the
	information contained within this application, including the
email address, to the public.	
C DAR BOOK	11 00 0400
Owner's Signature.	Date: 4-29-2022
State of $\uparrow \times$ §	
County of Nurses §	
County of Nurses §	
,	
This instrument was acknowledged before me l	by (Phillip M. Plant) who is a (manager) of (KIF-GP, LLC),
a (Texas) (limited liability company), the Gene	eral Partner of SCC KYLE PARTNERS, LTD.
1 0//	
	SUBSCRIBED AND SWORN TO before me, this
	the 29 day of APa. (, 20 2.2
WHILE DOWN A POLICE OF THE PROPERTY OF THE PRO	I and A all
DONUTARY DISTANCE Y	No Political de la companya del companya del companya de la compan
Notary Public, State of Texas Comm. Expires 01-24-2023	Notary Public's Signature
OF Notary ID 6483487	1-24-23
THE TOTAL OF THE PARTY OF THE P	My Commission Expires

## PROJECT REPRESENTATIVE

Representative Name: Sanford McAllister, Real Estate Director – Waffle House, Inc.

Representative Address: 5986 Financial Drive, Norcross GA 30071

Representative Phone: (678) 427-5635

Representative Email: sanfordmcallister@wafflehouse.com

Representative's Signature: Mallister Date: 04-25-22