# **ANNEXATION APPLICATION**

Updated: September, 2020



#### **CONTACT INFORMATION**

Applicant's Name	Doug Goss	Property Owner	LCSM Ph 4, LLC	
Company	Natural Development	Company	LCSM Ph 4, LLC	
Applicant's Mailing Address	11612 FM 2244, Bldg 1, STE 140; Austin, TX 78738	Owner's Mailing Address	303 Colorado, Ste 2300 Austin, TX 78701	
Applicant's Phone #	512-402-1790 Owner's Phone # 512-457-8000		512-457-8000	
Applicant's Email	dougg@nd-austin.com	Owner's Email	ericw@nd-austin.com	

### **PROPERTY INFORMATION**

Is the property adjacen	it to city limits:	YES	I. NO				
Is the property proposi	ng to connect to City	utilities:	YES, WATER	Z YES, WASTE	WATER D NO		
ls the property subject	to an approved deve	lopment o	r other agreement	: VES	NO NO		
Proposed Use: single	e family	Propos	sed Zoning: CD-4	<u> </u>			
Reason for Annexation / Other Considerations: Development Agreement requires							
La Cima request a	nnexation upon f	inal platt	ing				
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### **AUTHORIZATION**

By submitting this digital application, I certify that the information on this application is complete and accurate. I understand the fees and the process for this application. I understand my responsibility, as the applicant, to be present at meetings regarding this request.

Filing Fee \$1,181

Technology Fee \$13

TOTAL COST \$1,194

Submittal of this digital Application shall constitute as acknowledgement and authorization to process this request.

# APPLY ONLINE - WWW.MYGOVERNMENTONLINE.ORG/

PROPERTY OWNER AUTHORIZATION					
Bryan Lee, Manager LCSM PH 4, LLC  am/are the rightful owner of the property le W. Centerpoint Road and Ce	(owner name) on behalf of(company, if applicable) acknowledge that I/we ocated at entral Park Loop (address).				
I hereby authorize Doug Goss  Natural Development  Annexation  the Responsible Official / Department on response	(agent name) on behalf of(agent company) to file this application for (application type), and, if necessary, to work with my behalf throughout the process.				
Signature of Owner:					
Signature of Agent:  Printed Name, Title:  Doug Goss, P	roject Manager				
Form Updated October, 2019					