PROPERTY OWNER

Name

City of San Marcos PREFERRED SCENARIO MAP AMENDMENT APPLICATION

6 UNINIAMSON OUTDOOR BOBBIE GILBERT

APPLICANT

Mailing Address	1801 111	35 SMIH	IS TIMBERCHEST
	SAN MARCO	35 Senth 5,7X 78666	IS TIMBERCHEST SAN MARCOS, TX 21666
Daytime Phone	512-396-3	5353	512-396-2313
E-mail LEASING Q GUNNAMSON ANYOUTSING. COM			Com
PROPERTY DESCRIPT	ION:	Additional Association in the Control of the Contro	
Address 202 /	osey RD		
Legal Description <i>(if p</i>	7		
Appraisal District Tax	I.D. R <u>(8638</u>		Acres
Current Intensity Zone		Proposed Inter	nsity Zone <u>Bunco ymenit</u>
Zoning Classification	AR	Proposed New	Zoning, if any GENELL CommER
Located In 🔲 Flood			ifer Recharge Zone
Existing use of land a	nd building(s)		
AGRICULTURA	Ĺ		

APPLICATION FOR CITY OF SAN MARCOS PREFERRED SCENARIO AMENDMENT

REQUESTED AMENDMENT:			
Proposed new use of property SMALL PORTION OF THE PROPERTY WILL			
BE USED FOR A RILLBOARD STANLTHRE. REMAINING PROPERTY			
WILL CONTINUE TO BE USED AS AGRICULTURAL			
Reasons which support this request			
AMENDMENT IS LEQUIRED TO CHANGE ZONING ON POLTION OF			
PROPERTY IN THE CITY LIMITS. CHANGE IS IN CINE WITH			
OTHER PROJECTIES THAT HAVE CHANGED THE PREFERRED			
SCENARIO IN THIS AREA			
SUBMITTAL REQUIREMENTS:			
\$750 plus \$50 per acre (\$2000 max) plus \$10 Technology Fee payable to the City of San Marcos			
Name(s) and Address(es) of Property Lien-Holder(s), if any			
Metes and Bounds legal description or a map/survey to scale (if not platted), submitted on paper no larger than 11" x 17" showing the location and boundaries of the property (if the amendment involves changing more than one existing designation, show the boundaries of such designations within the property).			
I certify the preceding information is complete and accurate, and it is understood that I or another representative should be present at all meetings concerning this application.			
🗘 I am the property owner of record; or			
I have attached authorization to represent the owner, organization, or business in this application.			
Signature: Date: 12-14-15			
Printed Name: Televard McDaniel			
To be completed by Staff:			
Meeting Date: Application Deadline:			
Accepted By:Date:			