## ANNEXATION APPLICATION

Updated: September, 2020



## **CONTACT INFORMATION**

Applicant's Name	Doug Goss	Goss Property Owner LCSM Ph 3, LLC		
Company	Natural Development	Company	LCSM Ph 3, 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	
Applicant's Email	dougg@nd-austin.com	Owner's Email	ericw@nd-austin.com	

PROPERTY INFORMATION							
Is the property adjacent to city limits:	☑ YES	□ NO					
Is the property proposing to connect to C	ity utilities:	☑ YES, WATE	R 🗵 YES, WASTI	EWATER 🔲 NO			
Is the property subject to an approved development or other agreement :   ✓ YES   NO							
Proposed Use: single family	Propo	osed Zoning: S	F 4.5				
Reason for Annexation / Other Considerations: Development Agreement requires  La Cima request annexation upon final platting							
La Cima request annexation upor	i iii ai piai	illig					

## **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 (owner name) on behalf of LCSM PH 3, LLC (company, if applicable) acknowledge that I/we am/are the rightful owner of the property located at Central Park Loop and Fountain Grass Dr (address).					
Natural Development (agent company) to file this application for  Annexation (application type), and, if necessary, to work with the Responsible Official / Department on my behalf throughout the process.					
Signature of Owner:  Printed Name, Title:  Bryan Lee, Manger					
Signature of Agent: Date: Date: Date:					