

OFFICE USE ONLY

Date received: _____ Fee: \$ _____

P&Z Public Hearing date: _____

Date to send cert. letters: _____

Date to publish: _____

Proof of taxes paid: _____ date verified: _____

**CITY OF ANGLETON
RE-ZONE APPLICATION**

Name(s) of Property Owner: MATHEW T PETER (THOTTIYIL GROUP, LLC)

Current Address: _____ Email: _____

City: _____ State: TEXAS Zip: 77479

Home Phone: _____ Business Phone: _____ Cell: _____

**ATTACH PROOF THAT ALL TAXES, FEES AND OBLIGATIONS HAVE BEEN PAID
TO THE CITY OF ANGLETON.**

Name of Applicant: BOS Engineering, Inc. / William O. Schock, P.E.

(If different than Property Owner)

Address: 3411 Magic Drive Email: bschock@bosenginc.com

City: San Antonio State: TX Zip: 78229

Home Phone: N/A Business Phone: 210-296-7680 Cell: _____

Address/Location of Property to be Re-zoned: _____

Located at the NWQ of FM 523 & SH 288

Legal Description: J De Valderas Tract 155C1
Metes & Bounds Lot(s) Block Subdivision

ATTACH MAP/SURVEY OF PROPERTY

Has the property been platted? YES NO

Current Zoning: None Current Use: Vacant

City Limits, Detention Free, Impact Fee Map shows area as General Commercial

Proposed Zoning: General Commercial Proposed Use: Convenience store with 6 auto fuel islands and
6 commercial fuel islands.

Application Fee: \$150.00 (must be submitted with application)

**CITY OF ANGLETON
APPOINTMENT OF AGENT**

As owner of the property described as J De Valderas Tract 155C1
I hereby appoint the person designated below to act for me, as my agent in this request.

Name of Agent: BOS Engineering, Inc. / William O. Schock, P.E.

Mailing Address: _____

City: _____ State: TX Zip: _____

Home Phone: (_____) _____

I verify that I am the legal owner of the subject property and I acknowledge and affirm that I will be legally bound by the words and acts of my agent, and by my signature below, I fully authorize my agent to:

be the point of contact between myself and the City; make legally binding representations of fact and commitments of every kind on my behalf; grant legally binding waivers of rights and releases of liabilities of every kind on my behalf; to consent to legally binding modifications, conditions, and exceptions on my behalf; and, to execute documents on my behalf which are legally binding on me.

I understand that the City will deal only with a fully authorized agent. At any time it should appear that my agent has less than full authority to act, then the application may be suspended and I will have to personally participate in the disposition of the application. I understand that all communications related to this application are part of an official proceeding of City government and, that the City will rely upon statements made by my agent. Therefore, I agree to hold harmless and indemnify the City of Angleton, its officers, agents, employees, and third parties who act in reliance upon my agent's words and actions from all damages, attorney fees, interest and costs arising from this matter. If my property is owned by a corporation, partnership, venture, or other legal entity, then I certify that I have legal authority to make this binding appointment on behalf of the entity, and every reference herein to 'I', 'my', or 'me' is a reference to the entity.

Signature of owner Mathew T Peter Title MANAGING MEMBER

Printed/Typed Name of owner MATHEW T PETER Date 06-12-2026

*Application must be signed by the individual applicant, by each partner of a partnership, or by an officer of a corporation or association.

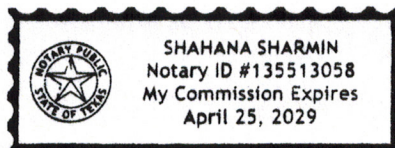
STATE OF TEXAS §

COUNTY OF FORT BEND §

Before me, JUNE 12th, 2026, on this day personally appeared Mathew T. Peter, known to me (or proved to me on the oath of _____ or through TX Driver License) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this 12th day of JUNE, 2026

(SEAL)



Shahana Sharmin
Notary Public Signature
April 25, 2029
Commission Expires