



APPLICATION FOR PLAT REVIEW/APPROVAL

Date: 12/19/2023

TYPE OF PLAT APPLICATION

ADMINISTRATIVE

MINOR

AMENDING/REPLAT

PRELIMINARY

RESIDENTIAL

COMMERCIAL

FINAL

RESIDENTIAL

COMMERCIAL

Address of property: 0 Valderas, Angleton, Texas

Name of Applicant: Robin Crouch

Phone: 979-849-6681

Name of Company: Baker & Lawson, Inc.

Phone: 979-849-6681

E-mail: rcrouch@bakerlawson.com

Name of Owner of Property: Ryan Birdsong and Jacob Crosby

Address: [REDACTED]

Phone: [REDACTED]

E-mail: [REDACTED]

I HEREBY REQUEST approval of the preliminary and final plat of the subject property according to the plans which are submitted as a part of this application. I HEREBY AUTHORIZE the staff of the City of Angleton to inspect the premises of the subject property. I HEREBY SWEAR AND AFFIRM that all statements contained herein and attached hereto are true and correct to the best of my knowledge and belief.

Signature of Owner or Agent for Owner (Applicant)

[Handwritten signatures of Ryan Birdsong and Jacob Crosby]

NOT

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ember, 2023

(SEA

979-843-5665

[Handwritten signature: Kelsey Mander]

ry Public for the State of Texas

Commission Expires: 10-29-2024

REC#: 02272493 1/08/2024 8:37 AM

OPER: 3G TERM: 105

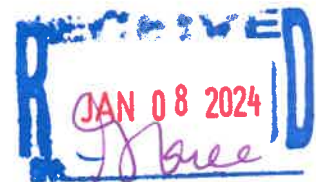
REF#: BAKER LAWSON 59100

TRAN: 300.1190 ZONING VAR/PLATTING
ZONING/VARIANCE/PLA 250.00CR

TENDERED: 250.00 CHECK

APPLIC: 250.00-

CHANGE: 0.00





OFFICE USE ONLY	
Date received: _____	Fee: \$ _____
P&Z Public Hearing date: _____	
City Council Public Hearing date: _____	
Date to send cert. letters: _____	
Date to publish: _____	
Proof of taxes paid: _____	date verified: _____

**CITY OF ANGLETON
ZONING APPLICATION**

Name(s) of Property Owner: CND Real Estate LLC
 Current Address: 313 Garland Dr Email: _____
 City: Lake Jackson State: TX Zip: 77566
 Home Phone: _____ Business Phone: _____ Cell: _____

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

Name of Applicant: Miguel Saucedo
 (If different than Property Owner)

Address: 4005 Technology Drive Ste 1530 Email: msauceda@bakerhwsan.com
 City: Angleton State: TX Zip: 77515
 Home Phone: [REDACTED] Business Phone: 979-849-6681 Cell: _____

Address/Location of Property to be Zoned: PID: 171378
A0380 U DEJ Valderas tract 125B7 (Moody Tr 2 (PT)) (Angleton) 0.1802 Acres

Legal Description: _____
 Metes & Bounds Lot(s) Block Subdivision

ATTACH MAP/SURVEY OF PROPERTY

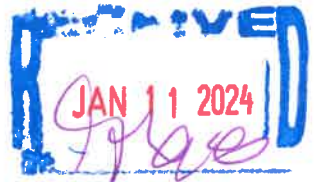
Has the property been platted? YES NO

Date Council approved Annexation: _____

Current Use:

SFA
 Proposed Zoning: SFAC-G Proposed Use: C-G. Expansion of
Happy Faces Daycare

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





CITY OF ANGLETON APPOINTMENT OF AGENT

As owner of the property described as _____,
I hereby appoint the person designated below to act for me, as my agent in this request.

Name of Agent: Miguel Saucedo

Mailing Address: 4005 Technology Drive Ste 1530 Email: msaucedo@bakerlawson.com

City: Angleton State: TX Zip: 77515

Home Phone: [REDACTED] Business Phone: (979) 849 6681

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 Christi Beard Title owner

Printed/Typed Name of owner Christi Beard Date 1-10-24

*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 Brazoria § Angela Hammond

Before me, Christi Beard, on this day personally appeared Christi Beard, known to me (or proved to me on the oath of _____ or through PL) 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 10th day of January 2024

Angela Hammond
Notary Public Signature

3-15-2025
Commission Expires

