APPLICATION FOR ZONING

DEPARTMENT USE ONLY	
APPLICATION DATE FILE NUMBER(S)	
APPLICATION DATE FILE NUMBER(S) TENTATIVE ZAP/PC DATE TENTATIVE CC DATE	
CASE MANAGER	CITY INITIATED VEC. NO.
APPLICATION ACCEPTED BY	_ ROLLBACK YES NO
PROJECT DATA	
OWNER'S NAME: Helsinki Partners LLC	
PROJECT NAME: Evergreen at Mary	
PROJECT STREET ADDRESS (or Range): 1709 & 1803 Evergreen Ave and 120	
. • .	
Austili, IA ZIP 16704	COUNTY: <u>Travis</u>
If project address cannot be defined, provide the following information:	
	ADDDOVIMATELY
ALONG THESIDE OFFrontage ft. (N,S,E,W) Frontage ro	APPROXIMATELY
FROM ITS INTERSECTION WITH	
Distance Direction	Cross street
TAX PARCEL NUMBER(S): 0400040205, 0400040209, and 0400040208	
Is Demolition proposed? No	
If Yes, how many residential units will be demolished? Ur	known
Number of these residential units currently occupied**:	
	ark with five or more ecoupied
Is this zoning request to rezone a parcel that contains an existing mobile home particle of the state of the	ark with live of more occupied
units?** No If Yes, how many?	
Type of Residential Unit: SF, duplex, triplex, townhouse/condo, multi-family, man	
Number of Proposed Residential units (if applicable): <u>Unknown</u> If Yes,	how many of the following:
1 Bedroom Affordable 2 Bedroom Affordable	ole
3 Bedroom Affordable 4 or more Bedroom	Affordable Unknown
** If 5 or more, tenant notification may be required and a certified form may be required wi	
Tenants must receive notification at least 270 days before the application is eligible for final	al ordinance readings by City Council.
AREA TO BE REZONED: ACRES <u>1.322</u> OR SQ FT <u>57,586.32</u>	
Existing Existing	Max # of Res
Zoning Use Tract # # of	Acres/SF Units Per Acre
CS & SF-3 Residential 1 45	<u>,117.32 sf</u> <u>44</u>
MF-3-H Residential 2 12	.,469 sf <u>37</u>
' Tract # '	Max # of Res Proposed Total #
Zoning Use of Acres/SF U	nits Per Acre of Units Per Acre
	.4 unknown
<u>CS-MU-H</u> <u>Office & MF</u> 2 <u>12,469 sf</u> 3	<u>unknown</u>
<u> </u>	

Page 7 of 19 rev 11/21/2016

Name of Neighborhood Plan:

RELATED CASES

RELATED CASES		
NEIGHBORHOOD PLAN AMEI	NDMENT (YES NO)	FILE NUMBER:
ACTIVE ZONING CASE	(YES (NO)	FILE NUMBER:
RESTRICTIVE COVENANT	(YES NO	FILE NUMBER:
SUBDIVISION	(YES NO)	FILE NUMBER:
SITE PLAN	(YES NO)	FILE NUMBER:
1. SUBDIVISION REFERENCE	E: Name: See attach	her subdivision reference OR metes & bounds description. led Exhibit A Block(s) ed field notesFILE NUMBER:
DEED REFERENCE OF DEED	CONVEYING PROPER	TY TO THE PRESENT OWNER:
VOLUME:PA	.GE:OF	R DOCUMENT # <u>2020140434</u>
SQ. FT:or A	ACRES 1.322	
Is this a SMART Housing Project If residential, is there other Tax		ederal funding? Yes ■ No
OTHER PROVISIONS		· · · · · · · · · · · · · · · · · · ·
IS A VARIANCE TO THE SIGN IS PROPERTY IN A COMBININ	G DISTRICT / OVERLA	YZONE? ■ Yes No
NATIONAL REGISTER DISTRIC	CT? Yes ■ No Yes ■ No	C, CVC,WO, etc) South Lamar NP (suspended) OAY: <2000
GRID NUMBER (S) MH20		
WATERSHED: West Bouldin C	reek	WS CLASS: <u>Urban</u>
WATER UTILITY PROVIDER: A	Austin Water Utility	
WASTEWATER UTILITY PROV	/IDER: <u>Austin Water Utili</u>	ity
ELECTRIC UTILITY PROVIDER	R: <u>Austin Energy</u>	
SCHOOL DISTRICT: AISD		
OWNERSHIP INFORMATION		

TYPE OF OWNERSHIP __SOLE __COMMUNITY PROPERTY __PARTNERSHIP __CORPORATION __T If ownership is other than sole or community property, list the individuals, partners, principals, etc. below or attach a separate sheet. Jesse Boskoff, Member Darius Fisher, Member _TRUST

Page 8 of 19 rev 11/21/2016

OWNER INFORMA	OWNER INFORMATION		
SIGNATURE: /			
NAME:	Jesse Boskoff		
FIRM NAME:	Helsinki Partners LLC		
TELEPHONE NUMI	BER:		
STREET ADDRESS	S:_ 74 San Saba St		
CITY/STATE/ZIP: _	Austin, TX 78702-5641		
	AL CONTACT (If applicable)		
SIGNATURE:	dibille Alade		
NAME:	Nikelle Meade		
FIRM NAME:	Husch Blackwell LLP		
TELEPHONE NUMI	BER: <u>(512)</u> 992-6001		
STREET ADDRESS	: 111 Congress Ave, Suite 1400		
CITY/STATE/ZIP	Austin, TX 78701		

TELEPHONE NUMBER: (512) 992-6001

CONTACT PERSON: Nikelle Meade

Page 9 of 19 rev 11/21/2016

CITY OF AUSTIN TRAFFIC IMPACT ANALYSIS (TIA) DETERMINATION WORKSHEET

APPLICANT MUST FILL IN WORKSHEET PRIOR TO SUBMITTING FOR TIA DETERMINATION PROJECT NAME: Evergreen at Mary LOCATION: 1709 & 1803 Evergreen Ave and 1204 W Mary St APPLICANT: Nikelle Meade TELEPHONE NO: (512) 992-6001 APPLICATION STATUS: DEVELOPMENT ASSESSMENT: ZONING: SITE PLAN: ____ FOR OFFICE USE ONLY **EXISTING:** TRACT **TRACT** BLDG SQ.FT. ZONING LAND USE L.T.E CODE TRIP RATE TRIPS PER **NUMBER ACRES** DAY CS & SF-3 Residential 1.077 3,107 2 0.2862 3,275 MF-3-H Residential **PROPOSED** FOR OFFICE USE ONLY BLDG SQ.FT. LAND USE TRIP RATE TRIPS PER TRACT **TRACT** ZONING L.T.E CODE NUMBER **ACRES** DAY 1 1.077 3,107 CS-MU Office & MF 2 CS-MU-H Office & MF 0.2862 3,275 ABUTTING ROADWAYS FOR OFFICE USE ONLY PAVEMENT WIDTH STREET NAME PROPOSED ACCESS? **CLASSIFICATION** Evergreen Avenue Yes No W Mary St FOR OFFICE USE ONLY A traffic impact analysis is required. The consultant preparing the study must meet with a transportation planner to discuss the scope and requirements of the study before beginning the study. A traffic impact analysis is NOT required. The traffic generated by the proposal does not exceed the thresholds established in the Land Development Code. X The traffic impact analysis has been waived for the following reason: The determination is deferred until site plan application, when land use and intensity will be finalized. A neighborhood traffic analysis will be performed by the City for this project. The applicant may have to collect existing traffic counts. See a transportation planner for information. 08-14-2020 _DATE:_ REVIEWED BY:___ DISTRIBUTION: ___FILE __ _CAP. METRO _____TXDOT _____TRANS. REV. ____TRAVIS CO. ____ TOTALCOPIES:

NOTE: A TIA determination must be made prior to submittal of any zoning or site plan application, therefore, this completed and reviewed form MUST ACCOMPANY any subsequent application for the IDENTICAL project. CHANGES to the proposed project will REQUIRE a new TIA determination to be made.

Page 9 of 19 rev 11/21/2016

SUBMITTAL VERIFICATION

My signature attests to the fact that the attached application package is complete and accurate to the best of my knowledge. I understand that City staff review of this application is dependent upon the accuracy of the information provided and that any inaccurate or inadequate information provided by me/my firm/etc., may delay the review of this application.

INDICATE FIRM REPRESENTED, IF API	PLICABLE.
dibille Alade	07/28/2020
Signature	Date
Nikelle Meade Name (Typed or Printed)	
Husch Blackwell LLP	
Firm	

PLEASE TYPE OR PRINT NAME BELOW SIGNATURE AND

INSPECTION AUTHORIZATION

As owner or authorized agent, my signature authorizes staff to visit and inspect the property for which this application is being submitted.

PLEASE TYPE OR PRINT NAME BELOW SIGNATURE AND INDICATE FIRM REPRESENTED, IF APPLICABLE.

Sibille Glade	07/28/2020
Signature	Date
Nikelle Meade Name (Typed or Printed)	
Husch Blackwell LLP	

Page 10 of 19 rev 11/21/2016

ACKNOWLEDGMENT FORM

concerning Subdivision Plat Notes, Deed Restrictions Restrictive Covenants

have checked the subdivision plat notes,

(Print name of applicant)	·
deed restrictions, and/or restrictive covenants	prohibiting certain uses and/or requiring certain
development restrictions i.e. height, access, scree	ning etc. on this property, located at:
1709 & 1803 Evergreen Ave and 1204 W Mary St (Address or Legal Description)	
notes, deed restrictions, and/or restrictive cover	Ibmitting to the City of Austin due to subdivision plat nants, it will be m y responsibility to resolve it. I ations of use and/or development restrictions that rictions, and/or restrictive covenants.
I understand that if requested, I must provide of restrictions, and/or restrictive covenants as inform	copies of any and all subdivision plat notes, deed ation which may apply to this property.
dibille Deade	07/28/2020
(Applicant's signature)	(Date)
	MENT POLICY ON
ZONING :	HEARINGS
Sets a postponement date and time at the City Council he not necessary.	aring so that renotification of residents and property owners is
approved by Council so that renotification of residents ar	
Allows only one postponement for either side, unless othe Requires that all requests for postponements be submitted Department at least one week prior to the scheduled for the postponement.	
The Director of the Planning and Zoning Department shall postponement request as the Director deems appropriat	e.
Eliminates the automatic granting of a postponement of the Authorizes Council to consider requests that are not subm	

Council action December 12, 1996

I, Nikelle Meade

Page 11 of 19 rev 11/21/2016



EXHIBIT VIII

EDUCATIONAL IMPACT STATEMENT (EIS) DETERMINATION PART A

If your project is located in one or more of the following school districts, and requires Land Use Commission review; and meets one of the requirements listed below, an Educational Impact Statement is required.

□ YES	■NO	100 or more single family units are proposed
□ YES	■NO	200 or more multifamily units are proposed
□ YES	■NO	100 or more multifamily units are proposed and a tax credit is requested
□ YES	■NO	project will demolish more than 50 residential existing units in a structure more than 20 years old

Please check the appropriate school district(s).

- Austin Independent School District
- △ Pflugerville Independent School District
- A Hays County Independent School District
- Del Valle Independent School District
- Round Rock Independent School District
- A Manor Independent School District

If an Educational Impact Statement (EIS) is required, please complete the Educational Impact Analysis (EIA) Part B.

Page 17 of 19 rev 11/21/2016