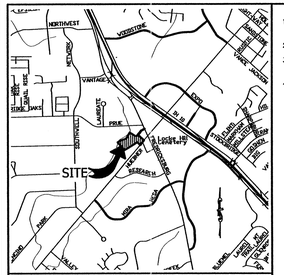
030272



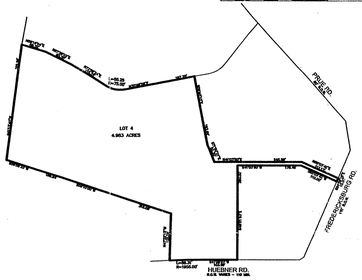
1. FOR RESIDENTIAL DEVELOPMENT DIRECTLY ADJACENT TO STATE RIGHT-OF-WAY, THE DEVELOPER SHALL BE RESPONSIBLE FOR ADEQUATE SET-BACK AND/OR SOUND ABATEMENT MEASURES FOR FUTURE NOISE MITIGATION.
2. OWNER/DEVELOPER IS RESPONSIBLE FOR PREVENTING ANY ADVERSE IMPACT TO THE EXISTING DRAINAGE SYSTEM WITHIN THE HIGHWAY RIGHT-OF-WAY.
3. MAXIMUM ACCESS POINTS TO STATE HIGHWAY FROM THIS PROPERTY WILL BE REGULATED AS DIRECTED BY "REGULATIONS FOR ACCESS DRIVEWAYS TO STATE HIGHWAYS". IF SIDEWALKS ARE REQUIRED BY APPROPRIATE CITY ORDINANCE, A SIDEWALK PERMIT
4. MUST BE APPROVED BY TXDOT, PRIOR TO CONSTRUCTION WITHIN STATE RIGHT OF WAY. LOCATIONS OF SIDEWALKS WITHIN STATE RIGHT OF WAY SHALL BE AS DIRECTED BY TXDOT.

OWNER/DEVELOPER

OWNER
CONTACT PERSON: X
ADDRESS
CITY, STATE ZIP
TEL: (210) XXX-XXXX
FAX: (210) XXX-XXXX

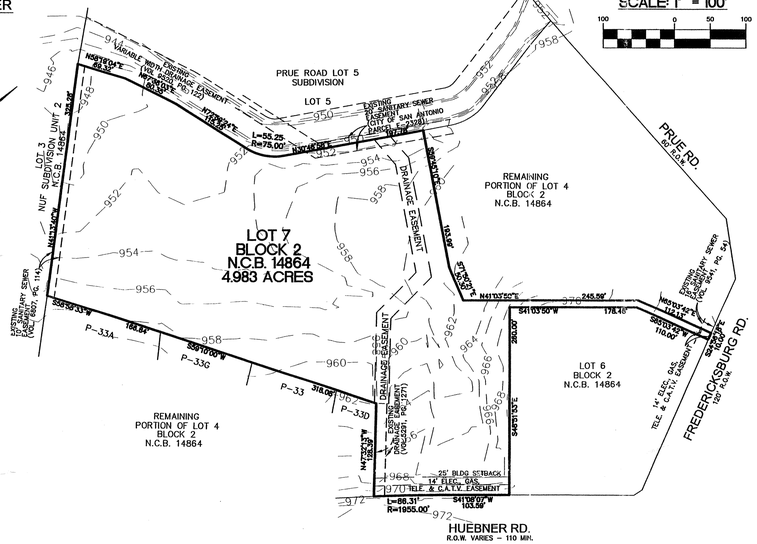
SCALE: 1" = 200'

200 0 100 200



SCALE: 1" = 100'

100 0 50 100



AREA BEING REPLATTED THROUGH PUBLIC HEARING

AREA BEING REPLATTED HAS BEEN PREVIOUSLY PLATTED AS GUSTAV ECKERT ESTATE SUBDIVISION, AS RECORDED IN VOLUME 980, PAGE 388 IN THE DEED AND PLAT RECORDS OF BEXAR COUNTY, TEXAS.

STATE OF TEXAS

COUNTY OF BEXAR

THE AREA BEING REPLATTED WAS PREVIOUSLY PLATTED ON PLAT (NAME AND NUMBER) WHICH IS RECORDED IN

VOLUME _____, PAGE _____, BEXAR COUNTY PLAT AND DEED RECORDS.

I (WE), THE OWNER(S) OF THE PROPERTY SHOWN ON THIS REPLAT HEREBY CERTIFY THAT THIS REPLAT DOES NOT AMEND OR REMOVE ANY COVENANTS OR RESTRICTIONS. I (WE) FURTHER CERTIFY THAT THE AREA OF THIS REPLAT WAS DESIGNATED OR RESERVED FOR OTHER THAN SINGLE OR DUPLEX FAMILY RESIDENTIAL USE BY NOTATION ON THE LAST LEGALLY RECORDED PLAT OR IN THE LEGALLY RECORDED RESTRICTIONS APPLICABLE TO THIS PLAT.

_____
OWNER

_____
DULY AUTHORIZED AGENT

SWORN AND SUBSCRIBED BEFORE ME THIS THE _____DAY OF _____

_____
NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

MY COMMISSION EXPIRES: _____

THE CITY OF SAN ANTONIO AS A PART OF IT'S ELECTRIC AND GAS SYSTEM (CITY PUBLIC SERVICE BOARD) IS HEREBY DEDICATED THE EASEMENTS AND RIGHT-OF-WAY FOR ELECTRIC AND GAS DISTRIBUTION AND SERVICE FACILITIES IN THE AREAS DESIGNATED ON THIS PLAT AS "ELECTRIC EASEMENT", "GAS EASEMENT", "ANCHOR EASEMENT", "SERVICE EASEMENT", "OVERHANG EASEMENT", "UTILITY EASEMENT" AND "TRANSFORMER EASEMENT" FOR THE PURPOSE OF INSTALLING, CONSTRUCTING, RECONSTRUCTING, MAINTAINING, REMOVING, INSPECTING, PATROLLING AND ERECTING POLES, HANGING OR BURYING WIRES, CABLES, CONDUITS, PIPELINES OR TRANSFORMERS, EACH WITH IT'S NECESSARY APPURTENANCES; TOGETHER WITH THE RIGHT OF INGRESS AND EGRESS OVER GRANTOR'S ADJACENT LAND, THE RIGHT TO RELOCATE SAID FACILITIES WITHIN SAID EASEMENT AND RIGHT-OF-WAY AREAS AND THE RIGHT TO REMOVE FROM SAID LANDS, ALL TREES OR PARTS THEREOF, OR OTHER OBSTRUCTIONS WHICH ENDANGER OR MAY INTERFERE WITH THE EFFICIENCY OF SAID LINES OR APPURTENANCES THERETO. IT IS AGREED AND UNDERSTOOD THAT NO BUILDINGS, CONCRETE SLABS OR WALLS WILL BE PLACED WITHIN SAID EASEMENT AREAS.

ANY CPS MONETARY LOSS RESULTING FROM MODIFICATIONS REQUIRED OF CPS EQUIPMENT, LOCATED WITHIN SAID EASEMENT, DUE TO GRADE CHANGES OR GROUND ELEVATION ALTERATIONS SHALL BE CHARGED TO THE PERSON OR PERSONS DEEMED RESPONSIBLE FOR SAID GRADE CHANGES OR GROUND ELEVATION ALTERATIONS.

THIS PLAT DOES NOT AMEND, ALTER, RELEASE OR OTHERWISE AFFECT ANY EXISTING ELECTRIC, GAS, WATER, SEWER, DRAINAGE, TELEPHONE, CABLE T.V. EASEMENTS FOR UTILITIES UNLESS THE CHANGES TO SUCH EASEMENTS ARE DESCRIBED BELOW.

WASTEWATER EDU NOTE: THE NUMBER OF EQUIVALENT DWELLING UNITS (EDU'S) PAID FOR THIS SUBDIVISION PLAT ARE KEPT ON FILE AT THE SAN ANTONIO WATER SYSTEM UNDER THE PLAT NUMBER ISSUED BY DEVELOPMENT SERVICES.

This document is released for the purpose of review under the authority of Mark Wolter, P.E. on _____ date. It is not to be used for _____ permit and construction _____ purposes.

REPLAT
ESTABLISHING

MEDICAL CENTER SELF STORAGE

LOT 7, BLOCK 2, N.C.B. 14864 CONSISTING OF 4.983 ACRES
OUT OF A 7.555 ACRE TRACT AS RECORDED IN VOLUME 3898, PAGE 733-734, OFFICAL PUBLIC RECORDS, BEXAR COUNTY, TEXAS.

Moy Civil Engineers

23705 IH-10 W, SUITE 207
SAN ANTONIO, TEXAS 78257

TEL: (210) 698-5051
FAX: (210) 698-5085

THIS PLAT OF _____PROJECT_____ HAS BEEN SUBMITTED TO AND CONSIDERED BY THE PLANNING COMMISSION OF THE CITY OF SAN ANTONIO, TEXAS, AND IS HEREBY APPROVED BY SUCH COMMISSION

DATED THIS _____DAY OF _____A.D. _____

BY _____
CHAIRMAN

BY _____
SECRETARY

LEGEND

- o = INDICATES IRON PINS SET OR FOUND
- 615 = PROPOSED CONTOUR
- E.G.T.C.A. ESM'T. = ELECTRIC, GAS, TELEPHONE, & CABLE T.V. ESM'T.
- B.S.L. = BUILDING SETBACK LINE
- DRN. = DRAINAGE
- SAN. SEW. = SANITARY SEWER

STATE OF TEXAS
COUNTY OF BEXAR

THE OWNER OF THE LAND SHOWN ON THIS PLAT, IN PERSON OR THROUGH A DULY AUTHORIZED AGENT, DEDICATES TO THE USE OF THE PUBLIC, EXCEPT AREAS IDENTIFIED AS PRIVATE, FOREVER ALL STREETS, ALLEYS, PARKS, WATERCOURSES, DRAINS, EASEMENTS AND PUBLIC PLACES THEREON SHOWN FOR THE PURPOSE AND CONSIDERATION THEREIN EXPRESSED.

_____
OWNER

_____
DULY AUTHORIZED AGENT

STATE OF TEXAS
COUNTY OF BEXAR

BEFORE ME, THE UNDERSIGNED AUTHORITY ON THIS DAY PERSONALLY APPEARED

_____ KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING INSTRUMENT, AND ACKNOWLEDGED TO ME THAT HE EXECUTED THE SAME FOR THE PURPOSES AND CONSIDERATIONS THEREIN EXPRESSED AND IN THE CAPACITY THEREIN STATED.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS _____DAY OF _____ _____

_____

_____
NOTARY PUBLIC
BEXAR COUNTY, TEXAS

STATE OF TEXAS
COUNTY OF BEXAR

I HEREBY CERTIFY THAT PROPER ENGINEERING CONSIDERATION HAS BEEN GIVEN THIS PLAT TO THE MATTERS OF STREETS, LOTS, AND DRAINAGE LAYOUT. TO THE BEST OF MY KNOWLEDGE THIS PLAT CONFORMS TO ALL REQUIREMENTS OF THE UNIFIED DEVELOPMENT CODE, EXCEPT FOR THOSE VARIANCES GRANTED BY THE SAN ANTONIO PLANNING COMMISSION.

MOY CIVIL ENGINEERS
DUANE A. MOY, P.E.

_____
LICENSED PROFESSIONAL ENGINEER

STATE OF TEXAS
COUNTY OF BEXAR

I HEREBY CERTIFY THAT THE ABOVE PLAT CONFORMS TO THE MINIMUM STANDARDS SET FORTH BY THE TEXAS BOARD OF PROFESSIONAL LAND SURVEYING ACCORDING TO AN ACTUAL SURVEY MADE ON THE GROUND BY:
XXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXX

_____
REGISTERED PROFESSIONAL LAND SURVEYOR

STATE OF TEXAS
COUNTY OF BEXAR

I, _____, COUNTY CLERK OF BEXAR COUNTY, DO HEREBY CERTIFY THAT

THE FOREGOING INSTRUMENT WAS FILED FOR RECORD IN MY OFFICE, ON THE _____ DAY OF

_____, A.D. _____, AT _____M. AND DULY RECORDED THE _____, DAY OF

_____, A.D. _____, AT _____M. IN THE RECORDS OF DEEDS AND PLATS

OF SAID COUNTY, IN BOOK VOLUME _____ ON PAGE _____

IN TESTIMONY WHEREOF, WITNESS MY HAND AND OFFICIAL SEAL OF OFFICE, THIS

_____ DAY OF _____, A.D. _____,

COUNTY CLERK,
BEXAR COUNTY, TEXAS

BY: _____, DEPUTY

MARCH 2003 SHEET 1 OF 1

VRP# 03-05-065

City of San Antonio
New
Vested Rights Permit
APPLICATION

Permit File: # 03-05-065
Assigned by city staff

Date: 5/5/03

1. **All applicable information on application must be legibly printed or typed for processing.** ***If application is completed on behalf of the property owner please attach power of attorney or letter of agent.***

2. ***Please complete this application and attach 2 maps of the property and 2 sets of all supporting documents.***

Note: All Applications must have a Site Map showing the Area Boundary (Attached).

Owner/Agent: USAA Real Estate Company **Phone:** 210-498-7253 **Fax:** 210-498-3259

Address: 9830 Colonnade Blvd. Suite 600, San Antonio TX **Zip code:** 78230

Engineer/Surveyor: Moy Civil Engineers **Phone:** 210/698-5051 **Fax:** 210/698-5085

Address: 23705 IH 10 W, Suite 207, SA TX **Zip code:** 78257

1. **Name of Project:** MEDICAL CENTER SELF STORAGE
2. **Site location or address of Project:** 10639 Huebner Road (Approx. 300' west of Fredericksburg Rd & Huebner Rd. intersection, on the north side of Huebner Rd)
3. **Council District** 8 **ETJ** N/A **Over Edward's Aquifer Recharge? ( ) yes (X) no**
4. **What is the specific purpose of this Project and the expected use(s) to be created by this Project (type of development, number of buildings, type of building(s), specific use(s) of those buildings, etc.)?** ***Please be aware that the city must understand exactly what this Project is expected to accomplish in order to evaluate this application.***
   Self Storage project (mini-warehouses) consisting of ten (10) storage buildings and one (1) office/apartment building for the property manager.
5. **What is the date the applicant claims rights vested for this Project?** March 12, 2003
6. **What, if any, construction or related actions have taken place on the property since that date?**
   None

Permit File #_____

_____

_____

7. By what means does the applicant claim rights vested for this Project? *Please specify all that may be applicable.*

- **PERMIT**

Type of Permit: _____ **Date of Application:**_____

Permit Number: _____ **Date issued:** _____

Expiration Date: _____ **Acreage:**_____

- **MASTER DEVELOPMENT PLAN (MDP)** (Formerly POADP)*

accepted *prior to September 1, 1997* **are subject to permit right conditions within 18 months from the effective date of the development rights ordinance (9/25/97) and projects submitted** *after September 1, 1997* **are subject to 18 months for the POADP acceptance date.**

Name:_____#_____

Date accepted:_____**Expiration Date:**_____ **MDP Size:**_____ **acres**

- **P.U.D. PLAN**

Name:_____#_____

Date accepted:_____

- **Plat Application**

Plat Name: Medical Center Self Storage **Plat #** 030272 **Acreage:** 4.983

Date submitted: 3/12/03 **Expiration Date:** 9/12/04

(Note: Plat must be approved within 18 months of application submittal date).

- **Approved Plat**

Plat Name: _____**Plat #**_____ **Acreage:**_____ **Approval Date:** _____ **Plat recording Date:**_____ **Expiration Date:**_____**Vol./Pg.**_____

(Note: If plat is not recorded within 3 years of plat approval permit rights will expire).

- **Other**

_____

_____

NOTE: Filing a knowingly false statement on this document, or any attached document, is a crime under §37.02 and §37.10 of the Texas Penal Code, punishable as a state jail felony by up to two years in jail and fine of up to $10,000.

I hereby certify that all information this Application and the attached documents is true and correct and that it is my belief the property owner is entitled to Vested Rights for this Project.

Print name: Susan Wallace Signature: [signature] Date: 5-7-03
Vice President

Permit File # 03-05-065

Sworn to and subscribed before me by Susan Wallace on this 15th day of May in the year 2003, to certify which witness my hand and seal of office.

PEGGY SIEFKEN
Notary Public
State of Texas
My Comm. Exp. 06-03-2003

Peggy Siefken
Notary Public, State of Texas

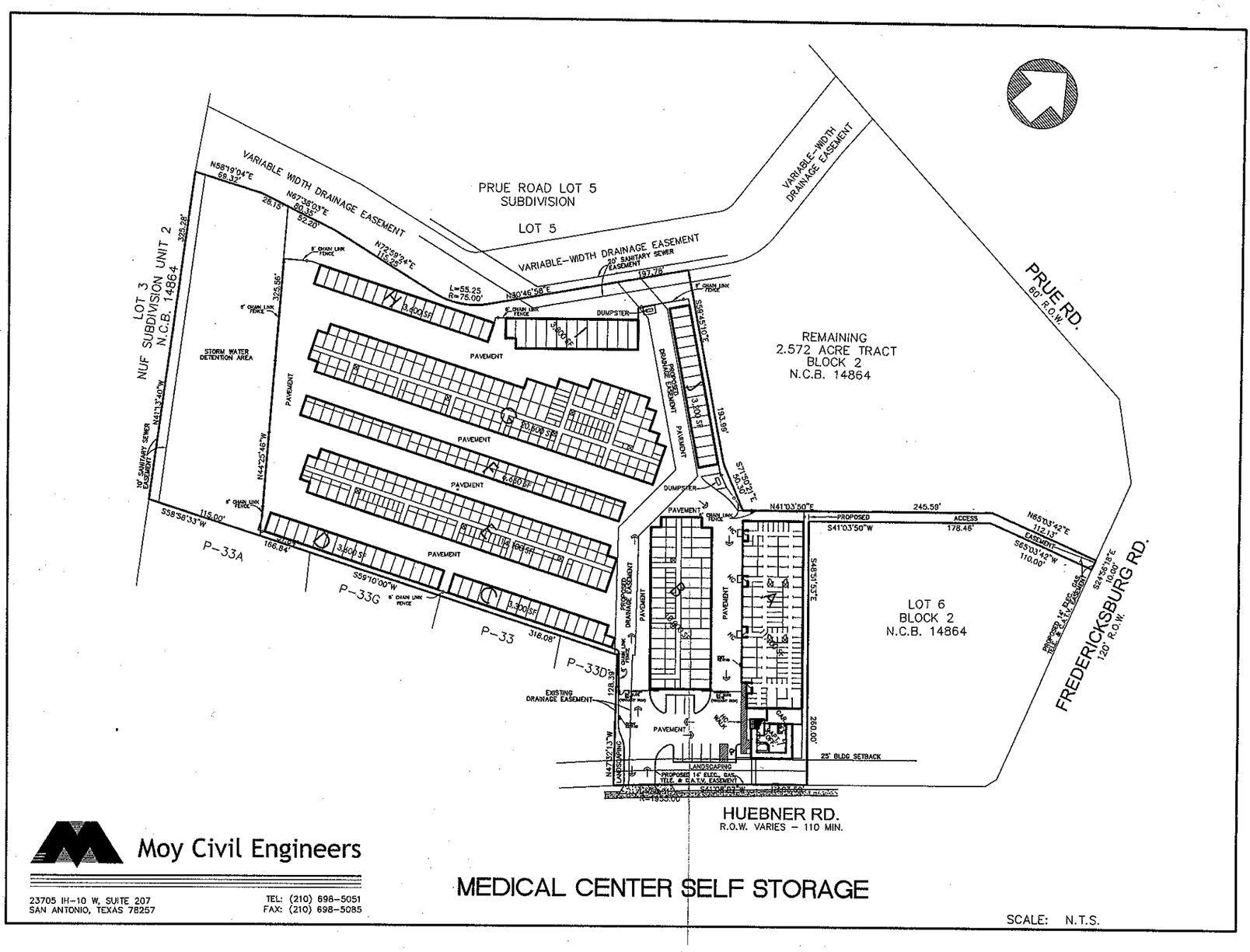
City of San Antonio use

Permit File: #_____ **Date:**_____
Assigned by city staff

☒ **Approved** As of March 12, 2003 ☐ **Disapproved**

Review By: _____ Date: June 4, 2003
Assistant City Attorney

Comments:



Moy Civil Engineers

23705 IH-10 W, SUITE 207
SAN ANTONIO, TEXAS 78257

TEL: (210) 698-5051
FAX: (210) 698-5085

MEDICAL CENTER SELF STORAGE

SCALE: N.T.S.

City of San Antonio
Development Services
Subdivision Section

PLAT INFORMATION

Date Submitted: March 11, 2003 **Plat ID Number:** 030272

Plat Name: MEDICAL CENTER SELF STORAGE

Owner/Agent: JOE VEYTIA - AUGUST PARTNERS, INC. **Phone:** 830.980.8989 **Fax:** 830.438.7959

Address: 160 CREEKSIDE PARK, SUITE 400 SPRING BRANCH, TX **Zip code:** 78070

Engineer/Surveyor: MOY CIVIL ENGINEERS **Phone:** 210.698.5051 **Fax:** 210.698.5085

Address: 23705 IH 10 W, SUITE 207 SAN ANTONIO, TX **Zip code:** 78257

Will this project be used in conjunction with a Tax Increment Financing Application (TIF): ☐ YES X NO

If YES, please note that higher standards have been adopted and are required for projects that involve City funds like TIF. For complete information and application of the Tax Increment Financing (TIF) and Reinvestment Zone Guidelines and Criteria, please call the Neighborhood Action Department at (210) 207-7881, (Indicate TIF Project Name on all submissions).

BACKGROUND

1. ☒ Major Plat ☐ Minor Plat ☐ Amending Plat ☐ Development Plat
2. ☐ DIRECTOR -OR- ☒ PLANNING COMMISSION
3. **Plat is associated with the development of a:**
   - ☐ POADP: Y / N Name_____ #____ Date Approved:____
   - ☐ PUD: Y / N Name_____ #____ Date Approved:____
4. All Specific Uses Proposed: **Self Storage Facility (Mini-warehouse)** (restaurant, day care, warehouse, etc.)
5. City Council District 8 Ferguson Map Grid 548, F4 School District NISD
6. Water Service: ☒ Saws ☐ Well ☐ Other Utility (name)____
7. Sewer Service: ☒ Saws ☐ Septic ☐ Other Utility (name)____
8. Existing Zoning C-3, C-2 Case # if new application is in process Z2003014
9. San Antonio City Limits - ☒ Yes ☐ No
10. Edwards Aquifer Recharge zone? - - ☐ Yes ☒ No
11. Previous/existing land fill? - - ☐ Yes ☒ No
12. Parkland, greenbelts, or open space? Flood plain? - - ☐ Yes ☒ No

RECEIVED 03 MAR 12 PM 3:47 LAND DEVELOPMENT SERVICES DIVISION

PLATTED AREA

Streets ☐ Public ☐ Private total acreage____ Linear Ft ____
Parks ☐ Public ☐ Private total acreage____

	Acres	Lots
Single-Family		
Non-Single Family	4.983	1
Private Streets, Common Area, Open Space & Easements		
TOTAL Acreage	4.983	1

FEES (please refer to the current fee schedule)

Major Base $ 625.00
lots x fee =$____
acres x fee =$2,391.84

Minor Base $____
lots x fee =$____
$103/ac over 20$____

Amending $____
Deferral $____
Replat PH $____
Vacating Declaration $____
Development Plat $____

Recordings (JCL Only)

Moy Civil Engineers

23705 IH-10 W, Suite 207
San Antonio, TX 78257

Ph. 210.698.5051
Fx. 210.698.5085

TRANSMITTAL

DATE 5/23/03

TO Planning Department

COMPANY City of San Antonio

FROM Duane Moy JOB # 020120

RE Medical Center Self Storage

Mail Receipt

REMARKS

1. Check # 3224 ($160.00)
2. Vested Rights Permit Application
3. 2- Copies of Map indicating subject property.
4. 2- Copies of Plat Application
5. 2- Copies of proposed Subdivision Plat

03-05-065

Moy Civil Engineers

JOE F. VEYTIA
BETSY A. VEYTIA
HIS-05624835 HER-08868754
27355 BULVERDE RD. 830-438-7178
SAN ANTONIO, TEXAS 78260

88-948/1149
1110462

3224

DATE May 21, 2003

PAY TO THE ORDER OF City of San Antonio $ 160.00

One Hundred Sixty & NO/100 DOLLARS

Security Features Included. Details on Back.

THE BLANCO NATIONAL BANK
P.O. BOX 38
BLANCO, TEXAS 78606

MEMO Vested Rights Permit - Hatchner

Joe Veytia

⑆114909482⑆3224⑈1 110 462⑈ VRD#03-05-065

© DELUXE WALLET OR DUPLICATE ©

Fine Line