DRIPPING SPRINGS
Texas

CITY OF DRIPPING SPRINGS

PHYSICAL: 511 Mercer Street • MAILING: PO Box 384 Dripping Springs, TX 78620

512.858.4725 • www.cityofdrippingsprings.com

ALTERNATIVE STANDARD/SPECIAL EXCEPTION/VARIANCE/WAIVER APPLICATION

CONTACT INFORMATION

PROPERTY OWNER NAME_____

STREET ADDRESS_____

CITY_____STATE_____ ZIP CODE _____

PHONE_____ EMAIL_____

APPLICANT NAME_____

COMPANY _____

STREET ADDRESS_____

CITY_____STATE_____ ZIP CODE _____

PHONE_____ EMAIL_____

APPLICATION TYPE

☐ ALTERNATIVE STANDARD ☐ VARIANCE

☐ SPECIAL EXCEPTION ☐ WAIVER

PROPERTY INFORMATION	
PROJECT NAME	
PROPERTY ADDRESS	
CURRENT LEGAL DESCRIPTION	
TAX ID#	
LOCATED IN	☐ CITY LIMITS ☐ EXTRATERRITORIAL JURISDICTION ☐ HISTORIC DISTRICT OVERLAY

- Description of request & reference to section of the Code of Ordinances applicable to request:

- Description of the hardship or reasons the Alternative Standard/Special Exception/Variance / Waiver is being requested:

- Description of how the project exceeds Code requirements in order to mitigate or offset the effects of the proposed alternative standard/special exception/variance/waiver:

APPLICANT'S SIGNATURE

The undersigned, hereby confirms that he/she/it is the owner of the above described real property and further, that _____ is authorized to act as my agent and representative with respect to this Application and the City's zoning amendment process.
(As recorded in the Hays County Property Deed Records, Vol. _____, Pg. _____.)

_____
Name

_____
Title

STATE OF TEXAS §
§
COUNTY OF HAYS §

This instrument was acknowledged before me on the ____ day of _____,

201___ by _____.

_____
Notary Public, State of Texas

My Commission Expires: _____

_____
Name of Applicant

All required items and information (including all applicable above listed exhibits and fees) must be received by the City for an application and request to be considered complete. ***Incomplete submissions will not be accepted.*** *By signing below, I acknowledge that I have read through and met the above requirements for a complete submittal:*

_____ _____

Applicant Signature Date

CHECKLIST		
STAFF	**APPLICANT**	
☐	☐	Completed Application Form - including all required signatures and notarized
☐	☐	Application Fee (*refer to Fee Schedule*)
☐	☐	PDF/Digital Copies of all submitted documents **When submitting digital files, a cover sheet must be included outlining what digital contents are included.**
☐	☐	Billing Contact Form
☐	☐	Photographs
☐	☐	Map/Site Plan/Plat
☐	☐	Architectural Elevations (if applicable)
☐	☐	Description and reason for request (*attach extra sheets if necessary)*
☐	☐	Public Notice Sign - $25
☐	☐	Proof of Property Ownership-Tax Certificate or Deed
☐	☐	Outdoor Lighting Ordinance Compliance Agreement - signed with attached photos/drawings (required if marked "Yes (Required)" on above Lighting Ordinance Section of application)

Received on/by:

_____

Date, initials

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BILLING CONTACT FORM

Project Name: _____

Project Address: _____

Project Applicant Name: _____

Billing Contact Information

Name: _____

Mailing Address: _____

_____

Email: _____ Phone Number: _____

Type of Project/Application (check all that apply):

- ☐ Alternative Standard
- ☐ Certificate of Appropriateness
- ☐ Conditional Use Permit
- ☐ Development Agreement
- ☐ Exterior Design
- ☐ Landscape Plan
- ☐ Lighting Plan
- ☐ Site Development Permit
- ☐ Special Exception
- ☐ Street Closure Permit
- ☐ Subdivision
- ☐ Waiver
- ☐ Wastewater Service
- ☐ Variance
- ☐ Zoning
- ☐ Other _____

Applicants are required to pay all associated costs associated with a project's application for a permit, plan, certificate, special exception, waiver, variance, alternative standard, or agreement, regardless of City approval. Associated costs may include, but are not limited to, public notices and outside professional services provided to the City by engineers, attorneys, surveyors, inspectors, landscape consultants, lighting consultants, architects, historic preservation consultants, and others, as required. Associated costs will be billed at cost plus 20% to cover the City's additional administrative costs. ***Please see the online Master Fee Schedule for more details.*** *By signing below, I am acknowledging that the above listed party is financially accountable for the payment and responsibility of these fees.*

_____ _____

Signature of Applicant Date