



DRIPPING SPRINGS
Texas

City of Dripping Springs

PHYSICAL: 511 Mercer Street • MAILING: PO Box 384

Dripping Springs, TX 78620

512.858.4725 • cityofdrippingsprings.com

ANNEXATION APPLICATION

Case Number (staff use only): _____ - _____

CONTACT INFORMATION

PROPERTY OWNER NAME DANIEL BESA / PAT BESA

STREET ADDRESS 4300 E VS 290

CITY DRIPPING SPRINGS STATE TX ZIP CODE 78620

PHONE 512-825-3950 EMAIL Danielbesa@prw@yahoo.com

APPLICANT NAME DANIEL BESA

COMPANY _____

STREET ADDRESS 141 BELLA CASA LN

CITY DRIPPING SPRINGS STATE TX ZIP CODE 78620

PHONE 512-825-3950 EMAIL DANIEL BESA PRW @ YAHOO .COM

TYPE OF ANNEXATION APPLICATION

PROPERTY OWNER(S) WITH ANNEXATION AGREEMENT (TEXAS LOCAL GOVERNMENT CODE 43.0671).

VOTERS-LESS THAN 200 POPULATION-AT LEAST 50% APPROVAL (TEXAS LOCAL GOVERNMENT CODE 43.0681)


DEVELOPMENT AGREEMENT (TEXAS LOCAL GOVERNMENT CODE 212.172)

PROPERTY INFORMATION

PROPERTY OWNER NAME	DANIEL BESA / PAT BESA
PROPERTY ADDRESS	4300 E US 290 DRIPPING SPRINGS TX
CURRENT LEGAL DESCRIPTION	ABS 575 1+8 N RR CO SURVEY 5 AC
TAX ID#	R 19497
CURRENT LAND USE	RESIDENTIAL HOME OFFICES
REQUESTED ZONING	CS COMMERCIAL SERVICES
REASON FOR REQUEST <i>(Attach extra sheet if necessary)</i>	PROPERTY IS IN HIGH TRAFFIC AREA PROPERTY IS TRAUTWINE + 290. VERY BIG COMMERCIAL NEAR BY. PROPERTY IS BEING TAXED AS COMMERCIAL ALREADY.
INFORMATION ABOUT PROPOSED USES <i>(Attach extra sheet if necessary)</i>	

APPLICANT'S SIGNATURE

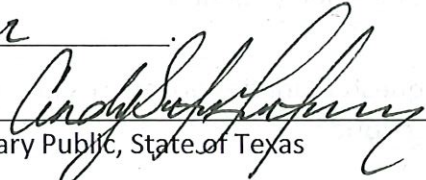
The undersigned, hereby confirms that he/she/it is the owner of the above described real property and further, that DANIEL BESA is authorized to act as my agent and representative with respect to this Application and the City's zoning amendment process.
(As recorded in the Hays County Property Deed Records,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

DANIEL BESA 
Name

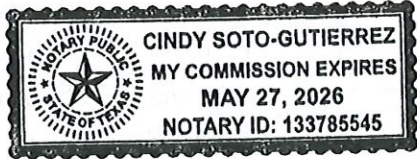
Owner
Title

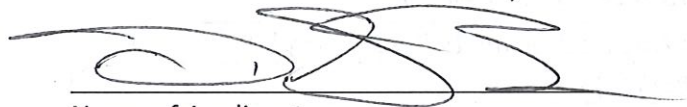
STATE OF TEXAS §
 §
COUNTY OF HAYS §

This instrument was acknowledged before me on the 10th day of September,
2022 by Cindy Soto-Gutierrez


Notary Public, State of Texas

My Commission Expires: May 27, 2026




Name of Applicant

ANNEXATION APPLICATION SUBMITTAL

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	
<input type="checkbox"/>	<input type="checkbox"/>	Completed Application Form - including all required signatures and notarized
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Agreement of All Owners with Signatures or Registered Voters (at least 50%)
		<u>PDF/Digital Copies of all submitted Documents</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	When submitting digital files, a cover sheet must be included outlining what digital contents are included.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Zoning Application (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	GIS Data
<input type="checkbox"/>	<input type="checkbox"/>	List of requested utilities or services (if any)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Legal Description
<input type="checkbox"/>	<input type="checkbox"/>	Maps
<input type="checkbox"/>	<input type="checkbox"/>	List of Current Uses
<input type="checkbox"/>	<input type="checkbox"/>	Explanation for request (<i>attach extra sheets if necessary</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Information about proposed uses (<i>attach extra sheets if necessary</i>)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Public Notice Sign - (<i>refer to Fee Schedule</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Proof of Ownership-Tax Certificate or Deed
<input type="checkbox"/>	<input type="checkbox"/>	Copy of any Agreements with City including Utility or Development (<i>if applicable</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Information related to property's presence in a special district

Project Number: _____
Only filled out by staff



DRIPPING SPRINGS
Texas

BILLING CONTACT FORM

Project Name: _____

Project Address: 4300 EAST US 290 DRIPPING SPRINGS TX

Project Applicant Name: DANIEL BESA

Billing Contact Information

Name: DANIEL BESA

Mailing Address: 141 BELLA CASA LN

DRIPPING SPRINGS TX 78620

Email: DANIEL BESA PRPW@YAHOO.COM Phone Number: 512 825-3950

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

- | | |
|---|---|
| <input type="checkbox"/> Alternative Standard | <input type="checkbox"/> Special Exception |
| <input type="checkbox"/> Certificate of Appropriateness | <input type="checkbox"/> Street Closure Permit |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Subdivision |
| <input type="checkbox"/> Development Agreement | <input type="checkbox"/> Waiver |
| <input type="checkbox"/> Exterior Design | <input type="checkbox"/> Wastewater Service |
| <input type="checkbox"/> Landscape Plan | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Lighting Plan | <input type="checkbox"/> Zoning |
| <input type="checkbox"/> Site Development Permit | <input checked="" type="checkbox"/> Other <u>ANNEXATION</u> |

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]
Signature of Applicant

9/6/22
Date