Received	on/by
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Date, initials



BILLING CONTACT FORM		
Project Name: Cabin Nevitalization for Cevola Crowley		
Project Address: 215 Old Fitzhugh Noud, Tract 2 D.S., TX 78626		
Project Applicant Name: Carole Crum ley		
Billing Contact Information		
Name: Carole Crumley		
Mailing Address: 350 Dripping Springs Deuch Noud Dripping Springs, Texes 78620		
	Phone Number: 512.894.0619 cell	
Type of Project/Application (check all that apply):		
☐ Alternative Standard	☐ Special Exception	
Certificate of Appropriateness	☐ Street Closure Permit	
☐ Conditional Use Permit	☐ Subdivision	
☐ Development Agreement	☐ Waiver	
☐ Exterior Design	Wastewater Service	
☐ Landscape Plan	□ Variance	
☐ Lighting Plan	□ Zoning	
☐ Site Development Permit	☐ Other	
Applicants are required to pay all associated costs ass permit, plan, certificate, special exception, waiver, var regardless of City approval. Associated costs may included and outside professional services provided to the City inspectors, landscape consultants, lighting consultants consultants, and others, as required. Associated costs the City's additional administrative costs. Please see to details. By signing below, I am acknowledging that the accountable for the payment and responsibility of these Signature of Applicant	riance, alternative standard, or agreement, ude, but are not limited to, public notices by engineers, attorneys, surveyors, architects, historic preservation will be billed at cost plus 20% to cover he online Master Fee Schedule for more above listed party is financially	
Digitatal of 1	Date	