



DRIPPING SPRINGS
Texas

City of Dripping Springs

PHYSICAL: 511 Mercer Street • MAILING: PO Box 384

Dripping Springs, TX 78620

512.858.4725 • cityofdrippingsprings.com

CERTIFICATE OF APPROPRIATENESS APPLICATION

District Located or Landmark: Mercer Street Old Fitzhugh Road Hays Street

 Individual Landmark (Not in an Historic District)

CONTACT INFORMATION

APPLICANT NAME: City of Dripping Springs
STREET ADDRESS: 511 Mercer Street Dripping Springs, Texas
PHONE: 512-858-4725 EMAIL: mfischer@cityofdrippingsprings.com

PROPERTY OWNER NAME (if different than Applicant): _____
STREET ADDRESS: _____
PHONE: _____ EMAIL: _____

PROJECT INFORMATION

Address of Property (Structure/Site Location): Former Alleyway between 300 and 302 Mercer Street
Zoning Classification of Property: Commercial Services
Description of Proposed Use of Property/ Proposed Work: Public Single User Bathrooms.

Description of How Proposed Work will be in Character with Architectural and/or Historical Aspect of Structure/Site and the Applicable Zoning Requirements: The structures will be made of limestone and a standing seam steel roof. It will support the businesses in the Mercer Street Historic District.

~~Government Buildings are a permitted use in the Commercial Services District and in the Historic Overlay.~~

Estimated Cost of Proposed Work: \$300,000

Intended Start Date of Work: June 1, 2024 Intended Completion Date of Work: September 1, 2024

CERTIFICATE OF APPROPRIATENESS SUBMITTAL CHECKLIST

CHECKLIST		
Staff	Applicant	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Current photograph of the property and adjacent properties (view from street/right-of-way)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Concept Site Plan: A drawing of the overall conceptual layout of a proposed development, superimposed upon a topographic map or aerial photo which generally shows the anticipated plan of development
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elevation drawings/sketches of the proposed changes to the structure/site
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Samples of materials to be used
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Color chips of the colors which will be used on the structure <i>(if applicable)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Sign Permit Application <i>(if applicable)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Building Permit Application <i>(if applicable)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Application for alternative exterior design standards and approach <i>(if applicable)</i>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Supplemental Design Information <i>(as applicable)</i>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Billing Contact Form
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proof of Ownership-Tax Certificate or Deed

Michelle Fischer, City Admin.
SIGNATURE OF APPLICANT

05/20/2024
Date

Michelle Fischer, City Admin.
SIGNATURE OF PROPERTY OWNER AUTHORIZING THE WORK

05/20/2024
Date

*****TO BE FILLED OUT BY CITY STAFF*****

Date Received: _____ Received By: _____

Project Eligible for Expedited Process: Yes No

Action Taken by Historic Preservation Officer: Approved Denied

Approved with the following Modifications: _____

SIGNATURE OF HISTORIC PRESERVATION OFFICER

DATE

Date Considered by Historic Preservation Commission (if required): _____

Approved Denied

Approved with the following Modifications: _____

Historic Preservation Commission Decision Appealed by Applicant: Yes No

Date Appeal Considered by Planning & Zoning Commission (if required): _____

Approved Denied

Approved with the following Modifications: _____

Planning & Zoning Commission Decision Appealed by Applicant: Yes No

Date Appeal Considered by City Council (if required): _____

Approved Denied

Approved with the following Modifications: _____

Submit this application to City Hall at 511 Mercer St. /P.O. Box 384, Dripping Springs, TX 78620. Call City Hall at (512)858-4725 if you have questions regarding this application.

Received on/by: _____

Project Number: _____ - _____
Only filled out by staff



DRIPPING SPRINGS
Texas

BILLING CONTACT FORM

Project Name: Downtown Restrooms

Project Address: former alleyway between 300 + 302 Mercer St.

Project Applicant Name: Michelle Fischer

Billing Contact Information

Name: Michelle Fischer

Mailing Address: 511 Mercer St. / PO Box 384
Dripping Springs, TX 78620

Email: mfischer@cityofdripping springs.com Phone Number: 612-858-4725

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

- | | |
|--|--|
| <input type="checkbox"/> Alternative Standard | <input type="checkbox"/> Special Exception |
| <input checked="" 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 type="checkbox"/> 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.*

Michelle Fischer
Signature of Applicant

05/20/2024
Date