



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: Roxies, LLC
STREET ADDRESS: 17900 FM 1826, DRIFTWOOD, TX 78619
PHONE: 512-917-8899 EMAIL: SILVERGARZA@SBCGLOBAL.NET

PROPERTY OWNER NAME (if different than Applicant): CHARLES HAYDON
STREET ADDRESS: 601 GATLIN CREEK Rd., DRIPPING SPRINGS, TX 78620
PHONE: (512) 924-7328 EMAIL: 601CHARLIESHERRY@GMAIL.COM

PROJECT INFORMATION

Address of Property (Structure/Site Location): 299 MERCER STREET

Zoning Classification of Property: CS

Description of Proposed Use of Property/ Proposed Work: RESTAURANT AND BAR

Description of How Proposed Work will be in Character with Architectural and/or Historical Aspect of Structure/Site and the Applicable Zoning Requirements: THE ORIGINAL STONE FACADE WILL BE LEFT UNTOUCHED.

Estimated Cost of Proposed Work: \$ 400,000.00

*****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.

Intended Start Date of Work: _____ Intended Completion Date of Work: _____

CERTIFICATE OF APPROPRIATENESS SUBMITTAL CHECKLIST

CHECKLIST		
Staff	Applicant	
<input type="checkbox"/>	<input type="checkbox"/>	Current photograph of the property and adjacent properties (view from street/right-of-way)
<input type="checkbox"/>	<input 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 type="checkbox"/>	Elevation drawings/sketches of the proposed changes to the structure/site
<input type="checkbox"/>	<input type="checkbox"/>	Samples of materials to be used
<input type="checkbox"/>	<input 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 type="checkbox"/>	Supplemental Design Information (<i>as applicable</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Billing Contact Form
<input type="checkbox"/>	<input type="checkbox"/>	Proof of Ownership-Tax Certificate or Deed



SIGNATURE OF APPLICANT

9-22-2022
Date

SIGNATURE OF PROPERTY OWNER AUTHORIZING THE WORK

Date