DRIPPING SPRINGS
Texas

City of Dripping Springs

PHYSICAL: 511 Mercer Street • MAILING: PO Box 384

Dripping Springs, TX 78620

512.858.4725 • cityofdrippingsprings.com

ZONING/PDD AMENDMENT APPLICATION

Case Number (staff use only): _____-____

CONTACT INFORMATION

PROPERTY OWNER NAME___ATX Capital Jorge Canavati_____

STREET ADDRESS_____500 W 2nd St. Suite 1900_____

CITY_____Austin_____STATE___Texas_____ ZIP CODE _____

PHONE___832-289-6030_____ EMAIL___jcq@atxcapital.com_____

APPLICANT NAME___Abby Gillfillan_____

COMPANY _____Lionheart Places_____

STREET ADDRESS____1023 Springdale RD_____

CITY___Austin_____STATE__Texas_____ ZIP CODE __78721_____

PHONE_512.644.9628_____ EMAIL__abby@lionheartplaces.com_____

REASONS FOR AMENDMENT

☐ TO CORRECT ANY ERROR IN THE REGULATION OR MAP

X TO RECOGNIZE CHANGES IN TECHNOLOGY, STYLE OF LIVING, OR MANNER OF CONDUCTING BUSINESS

X TO RECOGNIZE CHANGED CONDITIONS OR CIRCUMSTANCES IN A PARTICULAR LOCALITY

X TO MAKE CHANGES IN ORDER TO IMPLEMENT POLICIES REFLECTED WITHIN THE COMPREHENSIVE PLAN

PROPERTY & ZONING INFORMATION	
PROPERTY OWNER NAME	Kopponen Viktor & Sirkka; ATXC Dripping Springs, LLC
PROPERTY ADDRESS	26700 Ranch Rd 12, Dripping Springs, TX 78620
CURRENT LEGAL DESCRIPTION	
TAX ID#	17787; 17782
LOCATED IN	X CITY LIMITS X EXTRATERRITORIAL JURISDICTION
CURRENT ZONING	ETJ and Single Family - Low Density
REQUESTED ZONING/AMENDMENT TO PDD	
REASON FOR REQUEST *(Attach extra sheet if necessary)*	
INFORMATION ABOUT PROPOSED USES *(Attach extra sheet if necessary)*	

COMPLIANCE WITH OUTDOOR LIGHTING ORDINANCE? *

(See attached agreement).

X YES (REQUIRED)* ☐ YES (VOLUNTARY)* ☐ NO*

* If proposed subdivision is in the City Limits, compliance with Lighting Ordinance is **mandatory**. If proposed subdivision is in the ETJ, compliance is **mandatory** when required by a Development Agreement or as a condition of an Alternative Standard/Special Exception/Variance/Waiver.

Voluntary compliance is strongly encouraged by those not required by above criteria (*see Outdoor Lighting tab on the CODS webpage and online Lighting Ordinance under Code of Ordinances tab for more information*).

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

ZONING AMENDMENT 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	
☐	**X**	Completed Application Form - including all required signatures and notarized
☐	x	Application Fee-Zoning Amendment or PDD Amendment (*refer to Fee Schedule*)
☐	X	PDF/Digital Copie s of all submitted Documents **When submitting digital files, a cover sheet must be included outlining what digital contents are included.**
☐	x	Billing Contact Form
☐	☐	GIS Data
☐	x	Outdoor Lighting Ordinance Compliance Agreement - signed with attached photos/drawings *(required if marked "Yes (Required)" on above Lighting Ordinance Section of application)*
☐	x	Legal Description
☐	x	Concept Plan
☐	x	Plans
☐	x	Maps
☐	x	Architectural Elevation
☐	x	Explanation for request (*attach extra sheets if necessary)*
☐	x	Information about proposed uses (*attach extra sheets if necessary)*
☐	☐	Public Notice Sign (*refer to Fee Schedule*)
☐	☐	Proof of Ownership-Tax Certificate or Deed
☐	☐	Copy of Planned Development District (*if applicable*)
☐	☐	Digital Copy of the Proposed Zoning or Planned Development District Amendment

Received on/by:

_____

Project Number: _____-_____
Only filled out by staff

DRIPPING SPRINGS
Texas

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