

CITY OF DRIPPING SPRINGS

PHYSICAL: 511 Mercer Street • MAILING: PO Box 384

Dripping Springs, TX 78620

• 512.858.4725 • www.cityofdrippingsprings.com

ALTERNATIVE STANDARD/SPECIAL EXCEPTION/VARIANCE/WAIVER APPLICATION

Case Number (staff use only):	
CONTACT INFO	RMATION
property owner NAME Chris Nygard, Interstreet Address 13080 Fields tone Local City Austin state Texas PHONE (512)844-6871 EMAIL Chris@ny	zip code <u>78737</u>
APPLICANT NAME To Thumpler COMPANY J Thompson Professional STREET ADDRESS PO Box 172 CITY Dripping Springs STATE TEXAS PHONE (512) 568 2184 EMAIL J. Hamps	L Consulting, UC ZIP CODE
APPLICATION TYPE □ ALTERNATIVE STANDARD	ПVARIANCE
☐ SPECIAL EXCEPTION	□ WAIVER

	PROPERTY INFORMATION
PROJECT NAME	249 Sports plex Drive Parking Variance
PROPERTY ADDRESS	249 Somts plex price
CURRENT LEGAL DESCRIPTION	JWCP Family, Lot 6
TAX ID#	R 162 553
LOCATED IN	CITY LIMITS
	☐ EXTRATERRITORIAL JURISDICTION
	☐ HISTORIC DISTRICT OVERLAY

Description of request & reference to section of the Code of Ordinances applicable to request:

Zoning Ordinance, Section 5.7.6, that requires buildings with mixed uses to calculate parking requirements for the most intense use.

Description of the hardship or reasons the Alternative Standard/Special Exception/Variance
 / Waiver is being requested:

The building and parking take up all of the available land for development. No additional land is available for additional parking. If the application of strictest use for parking is applied as shown in the Ordinance the property becomes unusable.

Description of how the project exceeds Code requirements in order to mitigate or offset the

 Description of how the project exceeds Code requirements in order to mitigate or offset the effects of the proposed alternative standard/special exception/variance/waiver:

The site exceeds code where it can by meeting all applicable ordinances and codes. The center while approved and built assuming general or professional office uses has had due to the pandemic, nothing but medical professionals seeking to lease from him. This does create a service to the community by providing medical care for the community in a centralized location.

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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) Inst.#
Name
X anex
Title
STATE OF TEXAS §
STATE OF TEXAS §
COUNTY OF HAYS §
This instrument was acknowledged before me on the 15 day of $march$
20121 by Chris J. N Ygard.
Notary Public, State of Texas Notary Public, State of Texas Comm. Expires 07-19-2021
My Commission Expires: 7 - 19 - 2021 Notary ID 124959964
Tor Thompson
Name of Applicant

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 subr	missions will not be accepted. By signing below, I
acknowledge that I have read through and met the above requirements	for a complete submittal:
\mathcal{L}	112/2/
Allamasa /	03/15/21
Applicant Signature	Date

CHECKLIST		
STAFF	APPLICANT	
		Completed Application Form - including all required signatures and notarized
		Application Fee (refer to Fee Schedule)
		PDF/Digital Copies of all submitted documents When submitting digital files, a cover sheet must be included outlining what digital contents are included.
		Billing Contact Form /
	-0/	Photographs N/A
		Map/Site Plan/Plat
	-0-	Architectural Elevations (if applicable)
	V	Description and reason for request (attach extra sheets if necessary) included on
		Public Notice Sign - \$25
		Proof of Property Ownership-Tax Certificate or Deed
		Outdoor Lighting Ordinance Compliance Agreement - signed with attached photos/drawings (required if marked "Yes (Required)" on above Lighting Ordinance Section of application)

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