



DRIPPING SPRINGS
Texas

Attachment 1

City of Dripping Springs

PHYSICAL: 511 Mercer Street • MAILING: PO Box 384

Dripping Springs, TX 78620

512.858.4725 • cityofdrippingsprings.com

ANNEXATION APPLICATION

Case Number (staff use only): _____ - _____

CONTACT INFORMATION

PROPERTY OWNER NAME Cypress Fork Ranch, L.P. - Attention: Doyle M. and Claireen Fellers

STREET ADDRESS 1300 Creek Road

CITY Dripping Springs **STATE** Texas **ZIP CODE** 78620

PHONE _____ **EMAIL** [REDACTED]

APPLICANT NAME Pat Helgeson

COMPANY Tri Pointe Homes

STREET ADDRESS 13640 Briarwick Drive, Suite 170

CITY Austin **STATE** Texas **ZIP CODE** 78729

PHONE [REDACTED] **EMAIL** [REDACTED]

TYPE OF ANNEXATION APPLICATION

PROPERTY OWNER(S) WITH ANNEXATION AGREEMENT (TEXAS LOCAL GOVERNMENT CODE 43.0671).

VOTERS-LESS THAN 200 POPULATION-AT LEAST 50% APPROVAL (TEXAS LOCAL GOVERNMENT CODE 43.0681)

DEVELOPMENT AGREEMENT (TEXAS LOCAL GOVERNMENT CODE 212.172)

PROPERTY INFORMATION

PROPERTY OWNER NAME	Cypress Fork Ranch, L.P. - Attention: Doyle M. and Claireen Fellers
PROPERTY ADDRESS	1300 Creek Road, Dripping Springs, TX 78620
CURRENT LEGAL DESCRIPTION	A0222 BENJAMIN F HANNA SURVEY, ACRES 52.7742
TAX ID#	136311
CURRENT LAND USE	None (ETJ)
REQUESTED ZONING	SF-2
REASON FOR REQUEST <i>(Attach extra sheet if necessary)</i>	This request is for the annexation of approximately 14 Acres of the existing tract listed above. The developer (Tri Pointe Homes) wishes to build a small single-family subdivision with City of Dripping Springs roads and wastewater service. Water service to be provided by DSWSC.
INFORMATION ABOUT PROPOSED USES <i>(Attach extra sheet if necessary)</i>	The developer intends to zone this subdivision as SF-2 and the development will consist of 18 - 0.5 acre lots with the necessary associated infrastructure (pond, streets, water, wastewater etc.).

APPLICANT'S SIGNATURE

The undersigned, hereby confirms that he/she/it is the owner of the above described real property and further, that Jacob Harris @ Kinley Lora 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. _____.)

Clairan Feller Chris Sea

Name

owner/manager

Title

STATE OF TEXAS §

§

COUNTY OF HAYS §

This instrument was acknowledged before me on the 16th day of October,

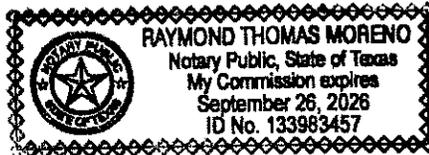
2025 by Raymond Moreno

[Signature]
Notary Public, State of Texas

My Commission Expires: 9/26/26

Pat Helgeson

Name of Applicant



ANNEXATION APPLICATION 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 certify that I have read through and met the above requirements for a complete submittal:

Applicant Signature Jacob Harris

Date 10/9/2025

CHECKLIST

STAFF	APPLICANT	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Completed Application Form - including all required signatures and notarized
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Agreement of All Owners with Signatures or Registered Voters (at least 50%)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	PDF/Digital Copies of all submitted Documents When submitting digital files, a cover sheet must be included outlining what digital contents are included.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Zoning Application (if applicable)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	GIS Data
<input type="checkbox"/>	<input checked="" type="checkbox"/>	List of requested utilities or services (if any) CoDS Wastewater
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Legal Description
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Maps Concept plan
<input type="checkbox"/>	<input type="checkbox"/>	List of Current Uses N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Explanation for request (<i>attach extra sheets if necessary</i>)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Information about proposed uses (<i>attach extra sheets if necessary</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Public Notice Sign - (<i>refer to Fee Schedule</i>)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proof of Ownership-Tax Certificate or Deed
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copy of any Agreements with City including Utility or Development (<i>if applicable</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Information related to property's presence in a special district N/A

Received on/by: _____

Project Number: _____
Only filled out by staff



DRIPPING SPRINGS
Texas

BILLING CONTACT FORM

Project Name: Roger Hanks Cypress Fork

Project Address: 1300 Creek Road, Dripping Springs, TX 78620

Project Applicant Name: Pat Helgeson

Billing Contact Information

Name: Tri Ponte Homes Texas, Inc.

Mailing Address: 13640 Briarwick Drive, Suite 170
Austin, TX 78729

Email: [REDACTED] Phone Number: [REDACTED]

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]
Signature of Applicant

10/7/25
Date