



# CITY OF DRIPPING SPRINGS

PHYSICAL: 511 Mercer Street • MAILING: PO Box 384

Dripping Springs, TX 78620

• 512.858.4725 • [www.cityofdrippingsprings.com](http://www.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: Dog In' Bone LLC  
STREET ADDRESS: 310 Old Fitzhugh Rd.  
PHONE: 512-894-2438 EMAIL: dognbonecompliance@gmail.com

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

### PROJECT INFORMATION

Address of Property (Structure/Site Location): 310 Old Fitzhugh Rd.

Zoning Classification of Property: Commercial

Description of Proposed Use of Property/ Proposed Work: Restaurant/Bar that serves fish n chips and other gastropub menu items.

### Description of How Proposed Work will be in Character with Architectural and/or Historical Aspect of

Structure/Site and the Applicable Zoning Requirements: The main building facing the road has kept its integrity with original limestone and tin roof. The food trailer will serve as the kitchen, while the main building will be preserved for seating/dining, bar, and restrooms.

Estimated Cost of Proposed Work: \$165,070.00

Intended Start Date of Work: 3/23/2021 Intended Completion Date of Work: 4/1/2021

\*\*\*\*\*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.**

**CERTIFICATE OF APPROPRIATENESS SUBMITTAL CHECKLIST**

<b>CHECKLIST</b>		
<b>Staff</b>	<b>Applicant</b>	
<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

*[Handwritten Signature]*

SIGNATURE OF APPLICANT

*03/23/2021*

Date

*[Handwritten Signature]*

SIGNATURE OF PROPERTY OWNER AUTHORIZING THE WORK

*03/23/2021*

Date

Received on/by: \_\_\_\_\_

Project Number: \_\_\_\_\_ - \_\_\_\_\_

Only filled out by staff

Date, initials



### BILLING CONTACT FORM

Project Name: Dog 'n' Bone

Project Address: 310 Old Fitzhugh Rd.

Project Applicant Name: Dog 'n' Bone LLC

#### Billing Contact Information

Name: Dog 'n' Bone LLC

Mailing Address: 310 Old Fitzhugh Rd.

Email: dognbonecompliance@gmail.com Phone Number: 512-894-2438

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 checked="" 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.*

*Scrup*  
Signature of Applicant

03/23/2021  
Date