



**APPLICATION FOR
CERTIFICATE OF APPROPRIATENESS**

Name of Applicant: Marvin Sommerfeld

Mailing Address: 151 Silver Charm

Phone Number: 512-426-7300 Email Address: Marvin@SommerfeldConst.Con

Name of Owner (if different than Applicant): _____

Mailing Address: _____

Phone Number: _____

Address of Property Where Structure/Site Located: 304 Mercer

District Located or Landmark: Mercer Street Old Fitzhugh Road Hays Street

Individual Landmark (Not in an Historic District)

Zoning Classification of Property: _____

Proposed Use of Property (reference Land Use Chart in Zoning Ordinance):

Description of Proposed Work: Fence + Landscaping + Sign on
See Photos Existing Pole

Description of How Proposed Work will be in Character with Architectural and/or Historical Aspect of Structure/Site and the Applicable Zoning Requirements:

Estimated Cost of Proposed Work: _____

Intended Starting Date of Proposed Work: _____

Intended Completion Date of Proposed Work: _____

ATTACH THE FOLLOWING DOCUMENTS (in a form acceptable to the City):

- Current photograph of the property and adjacent properties (view from street/right-of-way)
- 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
- Elevation drawings/sketches of the proposed changes to the structure/site
- Samples of materials to be used
- Color chips of the colors which will be used on the structure (if applicable)
- Sign Permit Application (if applicable)
- Building Permit Application (if applicable)
- Application for alternative exterior design standards and approach (if applicable)
- Supplemental Design Information (as applicable)

Signature of Applicant

Date

Signature of Property Owner Authorizing the Proposed Work

Date

******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.

