



## 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)

### PARKLAND APPLICATION

Case Number (staff use only): \_\_\_\_\_ - \_\_\_\_\_

#### CONTACT INFORMATION

OWNER NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_

COMPANY \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

#### PARKLAND DEDICATION CHAPTER 28 ARTICLE 28.03

PUBLIC PARK

PARKLAND FEE- IN-LIEU

PRIVATE PARK

COMBINATION (ATTACH EXPLANATION)

## PROPERTY INFORMATION

PROPERTY OWNER NAME	
PROPERTY ADDRESS	
CURRENT LEGAL DESCRIPTION	
TAX ID#	
LOCATED IN	<input type="checkbox"/> CITY LIMITS <input type="checkbox"/> EXTRATERRITORIAL JURISDICTION
ACREAGE	
LOTS	RESIDENTIAL: _____ Commercial: _____ Other: _____
PARKLAND NARRATIVE <i>(Attach extra sheet if necessary)</i>	

**PROPERTY OWNER AUTHORIZATION**

The undersigned, hereby confirms that he/she/they/it is the owner of the property located at \_\_\_\_\_ (Address/Legal Description) and further, that \_\_\_\_\_ is authorized to act as my agent and representative with respect to this Application and if necessary, to work with the Responsible Official / Department on my behalf throughout the process.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

STATE OF TEXAS            §  
   §  
COUNTY OF HAYS        §

This instrument was acknowledged before me on the \_\_\_\_ day of \_\_\_\_\_,  
20\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Owner

\_\_\_\_\_  
Date

## PARKLAND 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	
<input type="checkbox"/>	<input type="checkbox"/>	Completed Application Form - including all required signatures and notarized
<input type="checkbox"/>	<input type="checkbox"/>	<u>PDF/Digital Copies of all submitted Documents</u> <b>When submitting digital files, a cover sheet must be included outlining what digital contents are included.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Billing Contact Form
<input type="checkbox"/>	<input type="checkbox"/>	Legal Description
<input type="checkbox"/>	<input type="checkbox"/>	Plans
<input type="checkbox"/>	<input type="checkbox"/>	Maps
<input type="checkbox"/>	<input type="checkbox"/>	Proof of Property Ownership-Tax Certificate or Deed