



CITY OF DRIPPING SPRINGS

PHYSICAL: 511 Mercer Street • MAILING: PO Box 384

Dripping Springs, TX 78620

• 512.858.4725 • www.cityofdrippingsprings.com

PRE-DEVELOPMENT/APPLICATION MEETING REQUEST FORM

Meeting Date: _____ Meeting #: _____

CONTACT INFORMATION

| | |
|-----------------|-------|
| Name | _____ |
| Company | _____ |
| Mailing Address | _____ |
| Phone # | _____ |
| Email | _____ |

PROPERTY INFORMATION

Subject Property Address: _____

Tax ID: R _____

Zoning: _____

Legal Description: Lot _____ Block _____ Subdivision _____

Existing Use: _____ Proposed Use: _____

DESCRIPTION OF REQUEST

Project Name: _____

Briefly describe the Proposal (subdivision proposed, building size(s), use(s), etc.):

List of Attachments: (If applicable, ex. Site Plan, Survey, Plat): _____

AUTHORIZATION

I hereby understand and agree that any discussion taking place with regards to this meeting request are for informational purposes only and is not intended to be an application for development to the City. At this time, I am not making an application, request for provision of services, or seeking a commitment or agreement by the City of Dripping Springs.

Meeting Fee: \$180 per hour, with a \$180 minimum

Print Name: _____

Signature: _____