



City of Dripping Springs

PHYSICAL: 511 Mercer Street • MAILING: PO Box 384

Dripping Springs, TX 78620

512.858.4725 • 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: _____

STREET ADDRESS: _____

PHONE: _____ EMAIL: _____

PROPERTY OWNER NAME (if different than Applicant): _____

STREET ADDRESS: _____

PHONE: _____ EMAIL: _____

PROJECT INFORMATION

Address of Property (Structure/Site Location): _____

Zoning Classification of Property: _____

Description of Proposed Use of Property/ Proposed Work: _____

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 Start Date of Work: _____ Intended Completion Date of Work: _____

CERTIFICATE OF APPROPRIATENESS SUBMITTAL CHECKLIST

CHECKLIST		
Staff	Applicant	
<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

SIGNATURE OF APPLICANT

Date

SIGNATURE OF PROPERTY OWNER AUTHORIZING THE 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.

Received on/by: _____

Project Number: _____ - _____
Only filled out by staff



BILLING CONTACT FORM

Project Name: _____

Project Address: _____

Project Applicant Name: _____

Billing Contact Information

Name: _____

Mailing Address: _____

Email: _____ Phone Number: _____

Type of Project/Application (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Alternative Standard | <input type="checkbox"/> Special Exception |
| <input type="checkbox"/> Certificate of Appropriateness | <input type="checkbox"/> Street Closure Permit |
| <input 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.*

Signature of Applicant

Date