



**DRIPPING SPRINGS**  
Texas

**City of Dripping Springs**

PHYSICAL: 511 Mercer Street • MAILING: PO Box 384

Dripping Springs, TX 78620

512.858.4725 • [cityofdrippingsprings.com](http://cityofdrippingsprings.com)

**CONDITIONAL USE PERMIT APPLICATION**

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

NEW APPLICATION     EXTENSION OF A PREVIOUSLY APPROVED CUP

**CONTACT INFORMATION**

**PROPERTY OWNER NAME** \_\_\_\_\_

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

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

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

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

**COMPANY** \_\_\_\_\_

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

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

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

<b>PROPERTY INFORMATION</b>	
PROPERTY OWNER NAME	
PROPERTY ADDRESS	
CURRENT LEGAL DESCRIPTION	
TAX ID#	
LOCATED IN	<input type="checkbox"/> CITY LIMITS <input type="checkbox"/> EXTRATERRITORIAL JURISDICTION
CURRENT ZONING	
PROPOSED USE	
REASON FOR REQUEST <i>(Attach extra sheet if necessary)</i>	

**COMPLIANCE WITH OUTDOOR LIGHTING ORDINANCE? \***

*(See attached agreement).*

YES (REQUIRED)\*  YES (VOLUNTARY)\*  NO\*

\* If proposed subdivision is in the City Limits, compliance with Lighting Ordinance is **mandatory**. If proposed subdivision is in the ETJ, compliance is **mandatory** when required by a Development Agreement or as a condition of an Alternative Standard/Special Exception/Variance/Waiver.

Voluntary compliance is strongly encouraged by those not required by above criteria *(see Outdoor Lighting tab on the CODS webpage and online Lighting Ordinance under Code of Ordinances tab for more information).*

**APPLICANT'S SIGNATURE**

The undersigned, hereby confirms that he/she/it is the owner of the above described real property and further, that \_\_\_\_\_ is authorized to act as my agent and representative with respect to this Application and the City's zoning amendment process.  
(As recorded in the Hays County Property Deed Records, Vol. \_\_\_\_\_, Pg. \_\_\_\_\_.)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

STATE OF TEXAS            §  
  §  
COUNTY OF HAYS         §

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

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

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

\_\_\_\_\_  
Name of Applicant

## CONDITIONAL USE PERMIT 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
		PDF/Digital Copies of all submitted Documents
<input type="checkbox"/>	<input type="checkbox"/>	<b>When submitting digital files, a cover sheet must be included outlining what digital contents are included.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Application Fee ( <i>refer to Fee Schedule</i> )
<input type="checkbox"/>	<input type="checkbox"/>	Billing Contact Form
<input type="checkbox"/>	<input type="checkbox"/>	Outdoor Lighting Ordinance Compliance Agreement - signed with attached photos/drawings ( <i>required if marked "Yes (Required)" on above Lighting Ordinance Section of application</i> )
<input type="checkbox"/>	<input type="checkbox"/>	Legal Description
<input type="checkbox"/>	<input type="checkbox"/>	Plans
<input type="checkbox"/>	<input type="checkbox"/>	Maps/Site Plan/Plat
<input type="checkbox"/>	<input type="checkbox"/>	Architectural Elevation ( <i>if applicable</i> )
<input type="checkbox"/>	<input type="checkbox"/>	Explanation for request ( <i>attach extra sheets if necessary</i> )
<input type="checkbox"/>	<input type="checkbox"/>	Public Notice Sign ( <i>refer to Fee Schedule</i> )
		Proof of Ownership-Tax Certificate or Deed

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

Project Number: \_\_\_\_\_ - \_\_\_\_\_  
Only filled out by staff



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## 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