



City of Dripping Springs

PHYSICAL: 511 Mercer Street • MAILING: PO Box 384

Dripping Springs, TX 78620

512.858.4725 • 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> When submitting digital files, a cover sheet must be included outlining what digital contents are included.
<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