



**DRIPPING SPRINGS**  
Texas

**City of Dripping Springs**

PHYSICAL: 511 Mercer Street • MAILING: PO Box 384

Dripping Springs, TX 78620

512.858.4725 • 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: \_\_\_\_\_

Received on/by:

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

\_\_\_\_\_  
City Signature:  
\_\_\_\_\_



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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