



City of Dripping Springs

PHYSICAL: 511 Mercer Street • MAILING: PO Box 384

Dripping Springs, TX 78620

512.858.4725 • cityofdrippingsprings.com

PLAT VACATION APPLICATION

Case Number (staff use only): _____ - _____

CONTACT INFORMATION

APPLICANT NAME _____

COMPANY _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

PHONE _____ **EMAIL** _____

OWNER NAME _____

COMPANY _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

PHONE _____ **EMAIL** _____

PLAT VACATION

The purpose of a Plat Vacation is to nullify a portion of or the entire previously recorded plat. A plat vacation application must be considered by the Planning and Zoning Commission as permitted and in compliance with Ch. 28, Exhibit A, Sec 9 of the Code of Ordinances. There will be property owner notifications and newspaper notifications prior to the meeting that the plat vacation will be on the agenda. Please note: a vacation of plat is not guaranteed. If one of the utility providers refuses to grant the vacation, then you may, at you own expense, attempt to negotiate with the utility company. **Also, be aware that all plat vacation (partial or total) require the signatures of 100% of the property owners in the subdivision who own intact original lots as shown on the original plat as required by State Law per Section 212.013 of the Local Government Code, prior to submittal for completeness check.**

<u>PROPERTY INFORMATION</u>	
PROPERTY OWNER NAME	
PROPERTY ADDRESS	
CURRENT LEGAL DESCRIPTION	
TAX ID #	
JURISDICTION	<input type="checkbox"/> City Limits <input type="checkbox"/> Extraterritorial Jurisdiction
CURRENT LAND ACREAGE	
SCHOOL DISTRICT	
ESD DISTRICT(S)	
ZONING/PDD/OVERLAY	
DEVELOPMENT AGREEMENT? (If so, please attach agreement)	<input type="checkbox"/> Yes (see attached) <input type="checkbox"/> Not Applicable Development Agreement Name: _____

PLAT ATTRIBUTES

Requesting ☐ Partial Plat Vacation ☐ Total Plat Vacation

Do the lot(s) being vacated receive utility service and utility service? ☐ Yes ☐ No

Specific Services and utility provider(s):

Water _____ Waste Water: _____

Electric: _____ Gas: _____

Communications: _____

Has any development occurred on the lot(s) being vacated? ☐ Yes ☐ No

Specify type of development:

Will a replat also be submitted? ☐ Yes ☐ No

Have parkland fees been paid for the lot(s) being vacated? ☐ Yes ☐ No

Was a Right-of-Way dedicated by the plat? ☐ Yes ☐ No

ENVIRONMENTAL INFORMATION

IS PROPERTY OVER THE EDWARDS AQUIFER RECHARGE ZONE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IS PROPERTY OVER THE BARTON SPRINGS CONTRIBUTING ZONE TO THE EDWARDS AQUIFER?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IS PROPERTY WITHIN A FEMA FLOODPLAIN AS DEFINED BY THE MOST CURRENT FIRM?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Electric Utility Provider ☐ N/A
Provider: _____
Printed Name: _____
Title: _____
Contact Info:
 Phone Number: _____
 Email: _____

Communications Utility Provider ☐ N/A
Provider: _____
Printed Name: _____
Title: _____
Contact Info:
 Phone Number: _____
 Email: _____

Water Utility Provider ☐ N/A
Provider: _____
Printed Name: _____
Title: _____
Contact Info:
 Phone Number: _____
 Email: _____

Sewer Utility Provider ☐ N/A
Provider: _____
Printed Name: _____
Title: _____
Contact Info:
 Phone Number: _____
 Email: _____

Gas Utility Provider ☐ N/A
Provider: _____
Printed Name: _____
Title: _____
Contact Info:
 Phone Number: _____
 Email: _____

Other Utility Provider ☐ N/A
Provider: _____
Printed Name: _____
Title: _____
Contact Info:
 Phone Number: _____
 Email: _____

APPLICANT'S SIGNATURE

*Note: An additional signature is required on page 7 of the application verifying completeness. Applications should be submitted **only** when all required information is included in the submittal.*

The above information is true to the best of my knowledge. I attest that the real property described is owned by me and all others as signed below. If the below signed applicant is not the owner of said property, the signature of the property owner must be included below, or consent must be attached (If a corporation, please list title, and name of corporation.)

Applicant Name

Applicant Signature

Date

Notary

Date

Notary Stamp Here

Property Owner Name

Property Owner Signature

Date

All required items and information (including all applicable below listed exhibits and fees) must be received by the City for an application and request to be considered complete. Incomplete submissions will not be deemed filed and complete. By signing below, I acknowledge that I have read through and met all requirements for a complete submittal:

Applicants Signature: _____ **Date:** _____

For projects within the ETJ, per the City of Dripping Springs Interlocal Cooperation Agreement with Hays County, a county subdivision application must also be submitted for review to the City. Fees for Hays County shall also be paid. The City will forward the application and Hays County Fees to the County.

PLAT VACATION CHECKLIST

STAFF	APPLICANT	
<input type="checkbox"/>	<input type="checkbox"/>	Completed application form – including all required notarized signatures
<input type="checkbox"/>	<input type="checkbox"/>	Application fee (refer to Fee Schedule)
<input type="checkbox"/>	<input type="checkbox"/>	Digital Copies/PDF of all submitted items <ul style="list-style-type: none"> - please provide a coversheet outlining what digital contents are included on the CD/USB drive.
<input type="checkbox"/>	<input type="checkbox"/>	County Application Submittal <ul style="list-style-type: none"> - proof of online submission (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Billing Contract Form (Attached)
<input type="checkbox"/>	<input type="checkbox"/>	Engineer's Summary Report
<input type="checkbox"/>	<input type="checkbox"/>	Drainage Study (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Plat to be vacated or plat containing lot(s) to be vacated
<input type="checkbox"/>	<input type="checkbox"/>	Tax Certificates and Deeds for lot(s) or plat to be vacated
<input type="checkbox"/>	<input type="checkbox"/>	Letter of Intent <ul style="list-style-type: none"> - Specify the existing legal description (subdivision name, lot(s), block(s)) - Indicate the original legal description that will be resumed upon the plat vacation - Explain the location of all structures on the property
<input type="checkbox"/>	<input type="checkbox"/>	Development Agreement/PDD (<i>If applicable</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Utility Service Provider Letters Authorizing the Vacation
<input type="checkbox"/>	<input type="checkbox"/>	Documentation showing approval of driveway locations (TxDOT, County)
<input type="checkbox"/>	<input type="checkbox"/>	Letter signed by the property owner(s) indicating their consent
<input type="checkbox"/>	<input type="checkbox"/>	\$25 Public Notice Sign Fee

<input type="checkbox"/>	<input type="checkbox"/>	Plat Vacation Affidavit <ul style="list-style-type: none"> - A signed and notarized affidavit filled out completely and accurately by the landowner for the type of plat that is proposed to be vacated must be included (Affidavit template is provided on the next page)
<input type="checkbox"/>	<input type="checkbox"/>	Vicinity Map (8 ½" X 11")
<input type="checkbox"/>	<input type="checkbox"/>	Survey of existing/proposed buildings <ul style="list-style-type: none"> - Submit map(s) showing the location, size, use and arrangement of all buildings/structures showing height in stories and feet, total floor area, total square feet of ground area coverage of existing buildings which will remain, if any, and the location, designation and total area of all usable open space.
<input type="checkbox"/>	<input type="checkbox"/>	Hays Trinity Groundwater Conservation District approval of water well (<i>if applicable</i>)
<input type="checkbox"/>	<input type="checkbox"/>	Preliminary Conference Form signed by City Staff

Plat Vacation Affidavit

Total/Partial Vacation of “_____”

STATE OF TEXAS

COUNTY OF _____

WHEREAS, (_____), owner (_____

_____), did heretofore subdivide the same into the subdivision

designated (_____), the plat of which is recorded in Book ____, Page ____ or

Document No. ____ of _____ County. Texas Plat Records, and WHEREAS, the following lots in

said subdivision are now owned by the parties indicated, to wit: LOT _____ OWNER

WHEREAS, (_____) who collectively constitute the owners of all original, intact

lots in (_____) are desirous of (partially) vacating said subdivision plat so as to destroy the force and effect of the recording of such subdivision plat insofar and only insofar as the same pertains to Lot(s).

NOW, THEREFORE, KNOW ALL MEN BY THESE PRESENTS:

That (_____) for and in consideration of the premises and pursuant to he

provisions of Chapter 212.013 of the Local Government Code, does hereby vacate Lot(s) ____ only. Said

subdivision shall, however, remain in full force and effect as to all other lots in (_____).

EXECUTED THE DAYS HEREAFTER NOTED.

Date

Owner's Signature

Date

Owner's Signature

BE IT KNOWN, that on the ____ day of _____, 20____, the _____ Commission of the City of Dripping Springs, at its regular meeting, did approve the total/partial vacation of the subdivision known

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as _____, as recorded in Book _____, Page _____,
County Plat Records, upon application therefore by all of the owners of all of the lots in said subdivision.

EXECUTED, this _____ day of _____, 20____

Chair

Commission

City of Dripping Springs

Hays County, Texas

ATTEST:

_____, Executive Secretary

Commission of the City of Dripping Springs

STATE OF TEXAS

COUNTY OF HAYS

BEFORE ME, the undersigned authority, a Notary Public in and for the State of Texas, on this day personally appeared _____, known to be the person whose name is subscribed to the foregoing instrument as Chairperson of the _____ Commission of the City of Dripping Springs, Texas a municipal corporation, and she/he acknowledge to me that she/he executed the same for the purpose and consideration therein expressed and in the capacity therein stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, THIS _____ DAY OF _____, 20____

Seal

Printed name_____

Notary Public in and for the State of Texas

My Commission Expires: _____

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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