



City of Dripping Springs

PHYSICAL: 511 Mercer Street • MAILING: PO Box 384

Dripping Springs, TX 78620

512.858.4725 • cityofdrippingsprings.com

## ALTERNATIVE STANDARD/SPECIAL EXCEPTION/VARIANCE/WAIVER APPLICATION

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

### CONTACT INFORMATION

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

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

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

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

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

COMPANY \_\_\_\_\_

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

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

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

### APPLICATION TYPE

☐ ALTERNATIVE STANDARD

☐ VARIANCE

☐ SPECIAL EXCEPTION

☐ WAIVER

PROPERTY INFORMATION	
PROJECT NAME	
PROPERTY ADDRESS	
CURRENT LEGAL DESCRIPTION	
TAX ID#	
LOCATED IN	<input type="checkbox"/> CITY LIMITS <input type="checkbox"/> EXTRATERRITORIAL JURISDICTION <input type="checkbox"/> HISTORIC DISTRICT OVERLAY

- Description of request & reference to section of the Code of Ordinances applicable to request:
- Description of the hardship or reasons the Alternative Standard/Special Exception/Variance / Waiver is being requested:
- Description of how the project exceeds Code requirements in order to mitigate or offset the effects of the proposed alternative standard/special exception/variance/waiver:

## 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

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"/>	Application Fee ( <i>refer to Fee Schedule</i> )
<input type="checkbox"/>	<input type="checkbox"/>	PDF/Digital Copies of all submitted documents <b>When submitting digital files, a cover sheet must be included outlining what digital contents are included.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Billing Contact Form
<input type="checkbox"/>	<input type="checkbox"/>	Photographs
<input type="checkbox"/>	<input type="checkbox"/>	Map/Site Plan/Plat
<input type="checkbox"/>	<input type="checkbox"/>	Cut/Fill Data Sheet ( <i>if applicable</i> )
<input type="checkbox"/>	<input type="checkbox"/>	Architectural Elevations ( <i>if applicable</i> )
<input type="checkbox"/>	<input type="checkbox"/>	Description and reason for request ( <i>attach extra sheets if necessary</i> )
<input type="checkbox"/>	<input type="checkbox"/>	Public Notice Sign - \$25
<input type="checkbox"/>	<input type="checkbox"/>	Proof of Property Ownership-Tax Certificate or Deed
<input type="checkbox"/>	<input type="checkbox"/>	Outdoor Lighting Ordinance Compliance Agreement - signed with attached photos/drawings (required if marked "Yes (Required)" on above Lighting Ordinance Section of 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