One Texas Center | 505 Barton Springs Road, Austin, Texas 78704 | Phone: 512.978.4000

DP-01 Development Plan [Site Plan]

This application is in conjunction with either a Vested Rights Petition or a Fair Notice Site Plan (new project, current code)

Department use only:	
Application Date:	
File Number:	
	: Vested Rights Petition or Fair Notice
Application Accepted By:	
Development Plan expiration date:	
PRIMARY PROJECT DATA	
Consolidated Administrative Approval?	Yes / No
Consolidated Land Use Approval	Yes / No
Land Use Site Plan only? (part A)	Yes / No
Construction Plan only? (part B)	Yes / No
Consolidated Planning Commission Ap	
Open Channel Drainage Detention Pro	
Boat Dock and Shoreline Modification?	Yes / No
Project Name:	- -
Project Street Address:	Zip:
Watershed	Watershed Classification
County	Jurisdiction (circle or check) Full Limited
2-Mile: 5-Mile:	Junisdiction (circle of check) 1 dii Limited
Z Wille O Wille	
PROPERTY DESCRIPTION	
Provi	ide subdivision reference
Cub division Deference	
Subdivision Reference	arral datas
	oval date: s):
Block(s: Lot (s	Number:
brief Legal Description if not platted	

PROJECT SUMMARY

Provide a summary (and letter from owner or agent) describing the nature,	scope, and inte	ensity of
the project.			

SITE AREA					
			or Sq.ft		
EXISTING ZONING:	EXISTING USE:	LOT:	ACRES/SQ FT:	PROPOSED U	ISE:
In Combining Distriction on a Principal Road Taking access to Principal Number(s): Tax Parcel Numbers	lway? YES / NO incipal Roadway? Y	On	;, WO, a Hill Country Roadwa	 y? YES/NO	_
RELATED CASES	-				
Restrictive Covenant Existing Site Plan? Subdivision: Name:	? YES / NO: RC do	ocument no nmber: Lots ar	umber and copy:		_
OWNER INFORMATI	ON (* required inforr	mation)			
*Signature		*Na	ame (<i>printed</i>)		
* □ '1 1.1			*Phone		
*Email address: *Street:		*City:	*\$	tate:*Zip: _	
AGENT / PRINCIPAL	CONTACT (* requir	red informa	ation)		
*Signature			*Name (<i>printed</i>		
*Firm:			*Phone:		
*Email address:					
***		***	*Sta		

3 sets of plans required to be submitted to demonstrate enough information regarding nature, scope, and intensity of the proposed project along with tax maps.

A location map of site is required.

SUBMITTAL VERIFICATION

My signature attests to the fact that the attached application package is complete and accurate to the best of my knowledge. I understand that proper City staff review of this application is dependent upon the accuracy of the information provided and that any inaccurate or inadequate information provided by me/my firm/etc., may delay the proper review of this application.

PLEASE TYPE OR PRINT NAME BELOW SIGNATURE AND INDICATE FIRM REPRESENTED, IF APPLICABLE.

Signature	Date		
Name (Typed or Printe			
Firm			
	INSPECTION AUTHORIZATION		
ner or authorized agent, plication is being submitt	my signature authorizes staff to visit and ed.	d inspect the property for wh	iich
	PLEASE TYPE OR PRINT NAME INDICATE FIRM REPRESENTED, IF		ND
Signature	Date		
Signature Name (Typed or Printer			

ACKNOWLEDGMENT FORM

CONCERNING Subdivision Plat Notes, Deed Restrictions, Restrictive Covenants and/or Zoning Conditional Overlays

I, (<i>printed name</i>):	have checked for subdivision plat notes, deed
·	ve covenants and/or zoning conditional overlays
. •	equiring certain development restrictions i.e. height,
access, screening etc. on this prop	perty, located at (Address or Legal Description):
	request I am submitting to the City of Austin due to
•	strictions, and restrictive covenants and/or zoning
•	esponsibility to resolve it. I also acknowledge that I and/or development restrictions that are a result of a
•	ctions, restrictive covenants and/or zoning conditional
overlays.	tione, rectiletive deventance and or zerming containenal
•	
•	nust provide copies of any and all subdivision plat
·	rictive covenants and/or zoning conditional overlay
information which may apply to this	s property.
(Applicant's Signature)	Date