



General Permit Program Development Permit Project Submittal Application

DevelopmentATX.com | Phone: 311 (or 512-974-2000 outside Austin)
For submittal and fee information, see austintexas.gov/digitaldevelopment

For Office Use Only

Application Date: _____	File Number: _____	Development Review Type: _____
Case Manager: _____		Application Accepted By: _____
Has the case been submitted for Utility Coordination Completeness Check?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the case been submitted for General Permit Program Completeness Check		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 1: Primary Project Data

Excavation in a street Right-of-Way? Yes No If Yes, specify: COA TxDOT County: _____

Project under 300 l.f / 3000 s.f. Project over 300 l.f / 3000 s.f.

Project Name: _____

Current Annual General Development Permit Number: _____ Expiration Date: _____

Sponsoring Department (for CIPs): _____

CIP ID#, if applicable: _____

Project Street Address (or range): _____

_____ Zip Code: _____

If project address cannot be defined, such as for utility lines, provide the following information:

_____ along the _____ side of _____
Property Frontage Rd. *Property Frontage Rd.*

Approximately _____ from the intersection with _____
Distance *Cross Street*

County: _____

Jurisdiction: Full Limited 2-mile 5-mile

Section 2: Property Description*

*Property description will be required only if address or range of addresses is not available.

Provide either subdivision reference or a brief legal description.

Subdivision Reference

Name: _____ Approved: _____

Block(s): _____ Lot(s): _____ Outlot: _____

Plat Book: _____ Page Number: _____

Brief Legal Description

Section 3: Site Area

Acres: _____ or Sq. or linear ft.: _____

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Utility Storm Sewer Length: _____ Linear Feet Specify type: _____

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Watershed Name: _____ Watershed Class: _____

All Projects are subject to Watershed Protection Regulations.

In Aquifer Recharge Zone? Yes No

In Barton Spring Zone? Yes No

In a CWQZ? Yes No

In a 100-year Floodplain? Yes No

Pending Easements? Yes No

USACE? Yes No

County ROW Yes No If Yes, include name: _____

TxDOT ROW? Yes No

In COA Parkland? Yes No If Yes, please include documentation confirming review by City of Austin Park and Recreation Department.

On a Hill Country Roadway? Yes No Specify Principal or Hill Country Roadway: _____

Grid Number(s) _____

Existing Site Plan? Yes No Case Number: _____

Section 4: Ownership Information

Type of Ownership: Sole Community Property Trust

Partnership Corporation City of Austin Department

If the ownership is other than sole or community property, list the individuals, partners, principals, etc. below.

FACILITY OWNER

Signature: _____ Name: _____

Firm Name: _____ Phone Number: _____

Department (for CIP projects): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Email: _____

AGENT/PRINCIPAL CONTACT (if applicable, to receive case reports)

Signature: _____ Name: _____

Firm Name: _____ Phone Number: _____

Department (for CIP projects): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Email: _____

ADDITIONAL CONTACT (if applicable, to receive case reports)

Signature: _____ Name: _____

Firm Name: _____ Phone Number: _____

Department (for CIP projects): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Email: _____

ADDITIONAL CONTACT (check all that apply): DESIGNER ENGINEER LARCH OTHER

Signature: _____ Name: _____

Firm Name: _____ Phone Number: _____

Department (for CIP projects): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Email: _____

ADDITIONAL CONTACT (check all that apply): DESIGNER ENGINEER LARCH OTHER

Signature: _____ Name: _____

Firm Name: _____ Phone Number: _____

Department (for CIP projects): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Email: _____

Submittal Verification for Non-ROW Projects

- 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 project 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 sign below and indicate firm represented, if applicable.

Signature: _____ Date: _____

Name: _____

Firm: _____

Inspection Authorization

- As owner or authorized agent, my signature authorizes staff to visit and inspection the property for which this application is being submitted.

Please sign below and indicate firm represented, if applicable.

Signature: _____ Date: _____

Name: _____

Firm: _____