

Small Project - Retaining Wall Application Application

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

PURPOSE: This application is for obtaining a construction site plan for construction or reconstruction of a retaining wall less than 100 feet in length and eight feet in height within the City of Austin jurisdiction (full-purpose and limited-purpose city limits, and extraterritorial jurisdiction ETJ). Backfill for a small project cannot be more than two feet in depth, unless in this case it occurs for no more than four feet measured horizontally behind the wall. No more than four feet of cut is allowed in front of the wall.

For general information, submittal requirements, and application instructions, please see Small Project – Retaining Wall Overview and Application Instructions at http://www.austintexas.gov/page/land-use-applications#site.

This application is a fillable PDF that can be completed electronically. To ensure your information is saved, <u>click here to Save</u> the form to your computer (note that Internet Explorer supports the "Save" button), then open your copy and continue.

The Tab key may be used to navigate to each field; Shift + Tab moves to the previous field. The Enter key activates links, emails, and buttons. Use the Up & Down Arrow keys to scroll through drop-down lists and check boxes, and hit Enter to make a selection.

The application must be complete and accurate prior to submittal. All information is required (if applicable).

For Office Use Only

Development Review Type:Application Accepted By:		
Case Manager:		
Section 1: Project Information		
Project Name:		
Project Location Description:		
Address:		
—OR—		
Approximate distance:	direction:	from the intersection

of:		and:	
on the:	side		
Watershed:		Watershed Class:	
Land Development Jur	isdiction: ○Full-Purpose	e OLimited-Purpose	○2-Mile ETJ ○5-Mile ET
Has there been a Deve	elopment Assessment?	☐ Yes ☐ No File Nur	mber:
Section 2: Appli	cant/Agent Inform	nation	
Applicant Name:			
Firm:			
City:		State:	Zip:
Email:		Phone 1:	Type 1:
Phone 2:	Type 2:	Phone 3:	Type 3:
Section 3: Owne	er Information		
☐ Same as Applicant	Owner Name:		
Owner Signature:			
_			
			Zip:
-			
Phone 2:	Type 2:	Phone 3:	Type 3:
Section 4: Engin	neer Information		
☐ Not Applicable [☐ Same as Applicant	Name:	
Firm:			
City:		State:	Zip:
Email:		Phone 1:	Type 1:
Phone 2:	Type 2:	Phone 3:	Type 3:
Section 5: Other	r Professional/Tra	de Information	
☐ Not Applicable [☐ Same as Applicant	Type:	

Name:				
Firm:				
Mailing Address:				
City:		State:	State:	
Email:		Phone 1:	T <u>y</u>	ype 1:
Phone 2:	Type 2:	Phone 3:	T <u>y</u>	ype 3:
Section 6: Subm	ittal Verification			
best of my knowledge. I the accuracy of the infol by me/my firm/etc., may	understand that prope mation provided and the delay the proper revie	ed application package is r City staff review of this nat any inaccurate or inact w of this application.	application is dequate inforr	dependent u mation provid
			· ·	
Signature		Month	Day	Year
Name (Typed or P	rinted)			
Firm				
Section 7: Inspec	ction Authorizati	on		
As owner or authorized this application is being		thorizes staff to visit and	inspect the p	roperty for w
Please type or prin	t Name below Signatui	re, and indicate Firm repr	esented, if ap	pplicable:
Signature		Month	Day	Year
Name (Typed or P	rinted)			
Firm				

Section 8: Acknowledgment Form			
I,(Printed Name of Applicant)	have checked for	or any informa	ation that may
affect the review of this project, including but not			
restrictions, restrictive covenants, zoning condition prohibiting certain uses and/or requiring certain detc.) on this property, located at:			
(Address or Legal Description):			
If a conflict should result with the request I am su aforementioned information, it will be my respons understand the implications of use and/or develo aforementioned information.	sibility to resolve it. I als	o acknowledg	je that I
I understand that if requested I must provide copi that may apply to this property.	ies of any and all of the	aforemention	ned information
Applicant's Signature	Month	Day	Year

For Submittal Requirements and Exhibits

Please see Small Project – Retaining Wall Overview and Application Instructions at http://www.austintexas.gov/page/land-use-applications#site



City Arborist Review Addendum for Commercial Subdivision and Site Plan Submittals

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For Office Use Only File Number: Date Issued: Application Accepted By: ______ Date: _____ **Section 1: Project Information** ☐ Single Family Subdivision ☐ Commercial Subdivision/Site Plan Application type: Project Name: Project Street Address: **Section 2: City Arborist Review** Has there been an onsite consultation with a City Arborist? ☐ Yes □ No (If yes, please include all consultation correspondence and documents.) Consultation – Tree Permit Number: For single-family subdivision applications in the full- and limited-purpose jurisdictions: Number of trees with a diameter of 19 in. or greater located within the LOC: Number of trees with a diameter of 19 in. or greater located immediately adjacent to the LOC: Total number of trees with a diameter of 19 in. or greater: For commercial subdivision and site-plan applications in the full- and limited-purpose jurisdictions: Number of trees with a diameter of 8 in. or greater located within the LOC: Number of trees with a diameter of 8 in. or greater located immediately adjacent to the LOC: Total number of trees with a diameter of 8 in. or greater: