

INTAKE SUBMITTAL CHECKLIST ADMINISTRATIVE REVISION TO PRELIMINARY PLANS

City Of Austin Development Services Department
505 Barton Springs Blvd. Austin, TX 78704 Ph. 974-2681, 974-7208 or
974-2350 Fax 974-2620

Departmental Use Only:

File Number: _____ Date Issued: _____

Intake Specialist: _____ Date: _____

Information Required for Submittal:

- ___ 1. Completed and Notarized application form and application fee
- ___ 2. A letter explaining proposed revisions
- ___ 3. One (1) redlined copy of proposed revisions (overlying approved plan)
- ___ 4. 1704 Determination Form
___ (If B-E is checked provide 1 extra copy of plans & additional fee required @ completeness check)
- ___ 5. Subject to: ZAP _____ or PC _____
- ___ 6. For joint applications (e.g. City ETJ and Travis County) submit one (1) additional copy of all items listed above (excluding tax map) clearly labeled for **Travis County**
- ___ 7. Project Description Form
- ___ 8. 8 ½ x 11 copy of plat (need at formal submittal)
- ___ 9. Copies of revised plan (refer to completeness check results for required #)
 ___ Two (2) copies for completeness check
- ___ 10. Flashdrive @ formal submittal (Exhibit II of application must be on flashdrive w/ names of files/layers)
- ___ 11. 2 copies of location map on 8 1/2 by 11 paper