DRIPPING SPRINGS
Texas

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

Name of Applicant:_____

Mailing Address: _____

Phone Number:_____ **Email Address:**_____

Name of Owner (if different than Applicant):_____

Mailing Address:_____

Phone Number:_____

Address of Property Where Structure/Site Located:_____

_____

District Located or Landmark: ☐ **Mercer Street** ☐ **Old Fitzhugh Road** ☐ **Hays Street**

☐ **Individual Landmark (Not in an Historic District)**

Zoning Classification of Property:_____

Proposed Use of Property (reference Land Use Chart in Zoning Ordinance):

_____

_____

Description of Proposed Work:_____

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Description of How Proposed Work will be in Character with Architectural and/or Historical Aspect of Structure/Site and the Applicable Zoning Requirements:

_____

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Estimated Cost of Proposed Work:_____

Intended Starting Date of Proposed Work:_____

Intended Completion Date of Proposed Work:_____

ATTACH THE FOLLOWING DOCUMENTS (in a form acceptable to the City):

- ☐ Current photograph of the property and adjacent properties (view from street/right-of-way)
- ☐ Concept Site Plan: A drawing of the overall conceptual layout of a proposed development, superimposed upon a topographic map or aerial photo which generally shows the anticipated plan of development
- ☐ Elevation drawings/sketches of the proposed changes to the structure/site
- ☐ Samples of materials to be used
- ☐ Color chips of the colors which will be used on the structure (if applicable)
- ☐ Sign Permit Application (if applicable)
- ☐ Building Permit Application (if applicable)
- ☐ Application for alternative exterior design standards and approach (if applicable)
- ☐ Supplemental Design Information (as applicable)

_____ _____

Signature of Applicant **Date**

_____ _____

Signature of Property Owner Authorizing the Proposed Work **Date**

***********************TO BE FILLED OUT BY CITY STAFF***********************

Date Received:___________________ Received By:_______________________________

Project Eligible for Expedited Process: □ Yes □ No

Action Taken by Historic Preservation Officer: □ Approved □ Denied

□ Approved with the following Modifications:_________________________________

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Signature of Historic Preservation Officer Date

Date Considered by Historic Preservation Commission (if required):___________________

□ Approved □ Denied

□ Approved with the following Modifications:_________________________________

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Historic Preservation Commission Decision Appealed by Applicant: □ Yes □ No

Date Appeal Considered by Planning & Zoning Commission (if required):______________

□ Approved □ Denied

□ Approved with the following Modifications:_________________________________

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Planning & Zoning Commission Decision Appealed by Applicant: □ Yes □ No

Date Appeal Considered by City Council (if required):_______________________________

□ Approved □ Denied

□ Approved with the following Modifications:_________________________________

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Submit this application to City Hall at 511 Mercer St./P.O. Box 384, Dripping Springs, TX 78620. Call City Hall at (512)858-4725 if you have questions regarding this application.