

City of Austin Planning and Development Review Department 505 Barton Springs Road / P.O. Box 1088 / Austin, Texas 78767-8835

SITE PLAN APPEAL

If you are an applicant and/or property owner or interested party, and you wish to appeal a decision on a site plan application, the following form must be completed and filed with the Director of the Development Services Department, City of Austin, at the address shown above. The deadline to file an appeal is 14 days after the decision of the Land Use Commission (ZAP or PC), or 20 days after an administrative decision by the Director. If you need assistance, please contact the assigned City contact at (512) 974-2680.

CASE NO. SYC - 2016-6160A	DATE APPEAL FILED (-24-//	
PROJECT NAME TAMALE HOUSE (U.D.	YOUR NAME Gloria Moreno	
	SIGNATURE DOVE MONERO	
PROJECT ADDRESS 1706 Styst.	YOUR ADDRESS 2504 Toldalgo St.	
TROJECT ADDRESS 17-5 S 17-7	austen Tx 1870-	
APPLICANT'S NAME RM thrower	YOUR PHONE NO. (512) 478-083/WORK	
	() HOME	
CITY CONTACT ROSE MARY AVILA	Commission of the Commission o	
INTERESTED PARTY STATUS: Indicate how you qualifollowing criteria: (Check one) I am the record property owner of the subject property of I am the applicant or agent representing the applicant I communicated my interest by speaking at the Land I communicated my interest in writing to the Directo copy of dated correspondence).	ty t	
In addition to the above criteria, I qualify as an interested I occupy as my primary residence a dwelling located I am the record owner of property within 500 feet of I am an officer of a neighborhood or environmental of feet of the subject site.	within 500 feet of the subject site.	
DECISION TO BE APPEALED*: (Check one)		
☐ Administrative Disapproval/Interpretation of a Site P		
Replacement site plan	Date of Decision:	
Land Use Commission Approval/Disapproval of a Si	ite Plan Date of Decision: 1-/0-/7	
☐ Waiver or Extension ☐ Planned Unit Development (PUD) Revision	Date of Decision:	
	Date of Decision:	
 Other:	v only be appealed by the Applicant.	
STATEMENT: Please provide a statement specifying the not comply with applicable requirements of the Land Develop IN VIOLAGION OF NUISKNER I NOISE	reason(s) you believe the decision under appeal does pment Code:	
(Attach additional page if necessary.)		
Applicable Code Section: Sadion 9. Parking - 9-2-4 Rostriction on Decibel Covel		
Soci 910 Barreral		



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CASE NO. <u>SPC-2016-6160A</u>	YOUR NAME GAVING FEYNANDEZ, JR.
PROJECT NAME TAMALE HOUSE CUP	,
	SIGNATURE
PROJECT ADDRESS 1706 5th st	YOUR ADDRESS 7216 Haskell St.
	Austin TexAS 78702
APPLICANT'S NAME ROW + hvowor	YOUR PHONE NO. (512) 477-7512 WORK
CITY CONTACT ROSEMARY AVILA	()HOME
INTERESTED PARTY STATUS: Indicate how you qua following criteria: (Check one)	
☐ I am the record property owner of the subject prope	-
I am the applicant or agent representing the applicant I communicated my interest by speaking at the Land	

 I communicated my interest in writing to the Direct copy of dated correspondence). 	or or Land Use Commission prior to the decision (attach
I occupy as my primary residence a dwelling locate I am the record owner of property within 500 feet o I am an officer of a neighborhood or environmental feet of the subject site.	
DECISION TO BE APPEALED*: (Check one)	
Administrative Disapproval/Interpretation of a Site	Plan Date of Decision:
☐ Replacement site plan ☐ Land Use Commission Approval/Disapproval of a S	Date of Decision: $I - I_0 - I_7$
Waiver or Extension	Date of Decision:
 Planned Unit Development (PUD) Revision 	Date of Decision:
Other:	Date of Decision:
*Administrative Approval/Disapproval of a Site Plan m	ay only be appealed by the Applicant.
STATEMENT: Please provide a statement specifying the not comply with applicable requirements of the Land Devel IN VIOLATION Of NUKANCE OF GINANCE	opment Code:
(Attach additional pa	age if necessary.)
Applicable Code Section: Social - Parking	1 9-2-4-Rostriction on Deather le



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PROJECT NAME JAMACA HOUSE CUP	DATE APPEAL FILED 1-24-17 YOUR NAME LOON HONDANDOZ SIGNATUREX FLOW HELLEN	
PROJECT ADDRESS 1706 E 5415f.	YOUR ADDRESS Z/602 E 44.5+.	
APPLICANT'S NAME RON through.	YOUR PHONE NO. $(5/2)$ $320 - 85/6$ WORK	
CITY CONTACT ROSEMANY AVILA	cell (S12) 9220181 HOME	
INTERESTED PARTY STATUS: Indicate how you qual following criteria: (Check one) I am the record property owner of the subject proper am the applicant or agent representing the applicant I communicated my interest by speaking at the Land I communicated my interest in writing to the Director copy of dated correspondence).	ty t	
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DECISION TO BE APPEALED*: (Check one)		
☐ Administrative Disapproval/Interpretation of a Site I	Plan Date of Decision:	
☐ Replacement site plan	Date of Decision:	
Land Use Commission Approval/Disapproval of a S	ite Plan Date of Decision: 1-16-17	
☐ Waiver or Extension	Date of Decision:	
 Planned Unit Development (PUD) Revision 	Date of Decision:	
Other:	Date of Decision:	
*Administrative Approval/Disapproval of a Site Plan ma STATEMENT: Please provide a statement specifying the not comply with applicable requirements of the Land Develo 10 Volume of the Land Develo	reason(s) you believe the decision under appeal does	
(Attach additional page	ge if necessary.)	
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Sec: 9:1.1. Exeral		