

# **Consolidated Site Plan Application**

Building a Better and Safer Austin Together

Completeness Check Submittal

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

This application is for obtaining Completeness Check Review approval for a consolidated site plan permit or a revision to a consolidated site plan permit within the City of Austin's jurisdiction [full-purpose and limited purpose].

The City of Austin encourages applicants considering a site plan to consult with staff to better understand requirements and project feasibility prior to submitting this application. To learn more about site plans and to schedule an informational appointment with staff, visit the Site Plan Webpage at <a href="https://www.austintexas.gov/siteplans">https://www.austintexas.gov/siteplans</a>.

This application must be complete and accurate prior to submittal. All information is required unless otherwise specified. If more space is required, please provide additional document(s) as an attachment and check the Additional Space Box below.



Additional space was required to complete this application. I have attached additional document(s).

# **Section 1: Project Information**

#### What type of site plan application are you submitting?

*Visit the Site Plan Webpage at <u>https://www.austintexas.gov/siteplans</u> for more information about the application types.* 

Administrative – Consolidated Site Plan

Land Use Commission – Consolidated Site Plan

Revision to a Consolidated Site Plan (Site Plan Case Number: \_\_\_\_\_)

Are you filing a Small Project as defined in Land Development Code (LDC) 25-5-3? 
Yes No

Proposed Site Plan Project Name:

Project Street Address (or range):

Provide the street address of the project or range of addresses for all streets touching the property. For assistance, call Addressing at (512) 974-2797 or email <u>addressing@austintexas.gov.</u>

Zip: \_\_\_\_\_

Description of Proposed Development:

|   | uch as parking, water quality/detention  |   | number of buildings and othe<br>ng, etc.                                      |
|---|--|---|---|
|   |  |   |   |
| Provide either Property Leg   | al Description or Subdivision Re   | ference:  |   |
|   |  |   |   |
|   | onveying Property to the Presen<br>or is available from the title company o  |   | unty Appraisal District.  |
| Volume:   | Document   | Number:   |   |
| Page(s):  | Sq. Ft.:   |   | or Acres:   |
|   | on the tax plats or tax certificates.  |   |   |
| Section 2: Applican   | t/Agent Information  |   |   |
|   |  |   |   |
| contact.  | If an agent is designated, this is consi   |   |   |
| <i>contact.</i><br>Applicant Name:  |  |   |   |
| <i>contact.</i><br>Applicant Name:<br>Firm:   |  |   |   |
| <i>contact.</i><br>Applicant Name:<br>Firm:<br>Applicant Mailing Address: _   |  |   |   |
| <i>contact.</i><br>Applicant Name:<br>=irm:<br>Applicant Mailing Address: _<br>City:  |  | State:  |   |
| <i>contact.</i><br>Applicant Name:<br>Firm:<br>Applicant Mailing Address: _<br>City:  | Second Se | State:  | Zip:  |
| contact.<br>Applicant Name:<br>Firm:<br>Applicant Mailing Address: _<br>City:<br>Email:<br>Section 3: Owner In<br>Provide all contact information   | Second Se | State:  | Zip:<br>Type:<br>sign the application or attack                               |
| contact. Applicant Name:  Firm: Applicant Mailing Address: City: Email:  Section 3: Owner In Provide all contact information in written authorization for the age   | Phone<br>Phone<br>If ormation<br>If the owner is not the applicant. The class<br>of the sure all signatures are legible a  | State:<br>:<br>urrent owner must<br>nd address inform           | Zip:<br>Type:<br>sign the application or attack                               |
| contact. Applicant Name:  irm: Applicant Mailing Address: City: Email: <i>Section 3: Owner In Provide all contact information in written authorization for the age</i> Same as Applicant (0)                                  | Phone Phone formation f the owner is not the applicant. The cue ont. Be sure all signatures are legible a Dwner Name:  | State:<br>:<br>urrent owner must<br>nd address inform           | Zip:<br>Type:<br>sign the application or attack                               |
| contact. Applicant Name: Firm: Applicant Mailing Address: City: Email: <i>Section 3: Owner In Provide all contact information In written authorization for the age</i> Same as Applicant Firm:                                | Phone Phone f the owner is not the applicant. The cue ont. Be sure all signatures are legible a Dwner Name:  | State:<br>:<br>urrent owner must<br>nd address inform           | Zip:<br>Type:<br>sign the application or attack                               |
| contact. Applicant Name: Firm: Applicant Mailing Address: City: Email: Section 3: Owner In Provide all contact information in written authorization for the age Same as Applicant C Firm: Owner Mailing Address:              | Phone Phone formation f the owner is not the applicant. The cue ont. Be sure all signatures are legible a Dwner Name:  | State:<br>:<br>urrent owner must<br>nd address inform           | Zip:<br>Type:<br>sign the application or attack                               |
| contact. Applicant Name: Firm: Applicant Mailing Address: City: Email: <i>Section 3: Owner In Provide all contact information In written authorization for the age</i> Same as Applicant C Firm: Owner Mailing Address: City: | Phone Phone f the owner is not the applicant. The cue ont. Be sure all signatures are legible a Dwner Name:  | State:<br>:<br>urrent owner must<br>nd address inform<br>State: | Zip:<br>Type:<br>sign the application or attack<br>pation is correct.<br>Zip: |

| Section 4: Engineer In  | nformation            |               |                           |                                |
|---|-----------------------|---------------|---------------------------|--------------------------------|
| Provide all engineer contact inform                                       | ation, if applicable. |               |                           |                                |
| 🗌 Not Applicable 🛛 🗌 Same   | e as Applicant        | Name:         |                           |                                |
| Firm:   |                       |               |                           |                                |
| Mailing Address:  |                       |               |                           |                                |
| City:   |                       |               |                           | Zip:                           |
| Email:  |                       | Pho           | one:                      | Туре:                          |
| Section 5: Other Profe  | essional/Tra          | de Info       | ormation                  |                                |
| Provide all professional and/or trad contractor, landscape architect, etc |                       | n, if applica | able. Examples include    | general contractor, electrical |
| Not Applicable Same   |                       | Type:         |                           |                                |
| Name:   |                       |               |                           |                                |
| Firm:   |                       |               |                           |                                |
| Mailing Address:  |                       |               |                           |                                |
| City:   |                       |               |                           | Zip:                           |
| Email:  |                       | Pho           | one:                      | Туре:                          |
| Section 6: Property A   | ttributes             |               |                           |                                |
| Land Development Jurisdiction   | : OFull-Purpose       | CLim          | ited-Purpose              |                                |
| Does your project include affor   | ·                     |               | ·                         | e units? Select all type(s)    |
| of affordable housing program(  | -                     |               |                           |                                |
| Permanent Supportive Ho   | , C                   | 01            |                           |                                |
| S.M.A.R.T. Housing  | 0 ( )                 |               |                           |                                |
| Density Bonus   |                       |               |                           |                                |
| Density Bonus (DB) 90.  | Is the Certificatio   | n Letter a    | attached? 🔿 Yes           | ○ No                           |
| Government Funding (Co  | unty/State/Federa     | al). Exp.     | Date(s):                  |                                |
| If residential, are there other Ta  | ax Credits or Stat    | e/Federa      | I funding? O Yes          | ○ No                           |
| Is your project a capital improv  |                       |               | -                         |                                |
| Is your project a school project  | ? ○ Yes ○ No          |               |                           |                                |
| School District:  | Provide the name      | e of the sch  | ool district this project | is located within.             |
| Does the proposal include dem   |                       |               |                           | _                              |
| If demolition is proposed, how  |                       | •             | U U                       | •                              |
| Number of these residentia  |                       |               |                           |                                |

| Number of Newly Proposed Residential Units (if applicable):  |
|--|
| Is your project in City of Austin Edwards Aquifer Recharge Zone? 🛛 Yes 🗌 No                              |
| ○ Smart Growth Zone -OR- ○ Drinking Water Protection Zone  |
| Watershed: Watershed Class:  |
| Is your project subject to all current Watershed Protection regulations? Yes INo                         |
| Is your project on a Hill Country Roadway?   |
| Specify Hill Country Roadway:  |
| Principal Street Type: O Core Transit Corridor O Urban Roadway O Internal Circulation Route              |
| ◯ Suburban Roadway 🛛 ◯ Hill Country Roadway 🔍 Ə Highway  |
| In a Neighborhood Plan?  Yes No  |
| If Yes, name of Neighborhood Plan:   |
| Select which regulating plan the property is in, if applicable:  |
| O Transit-Oriented Development (TOD) District. Name:   |
| O North Burnet/Gateway (NBG)   |
| <ul> <li>East Riverside Corridor (ERC)</li> </ul>  |
| Planned Unit Development (PUD). Ordinance #:   |
| O Planned Development Agreement (PDA). Ordinance #:  |
| Select which historic district the property is in, if applicable:  |
| Local historic district (HD zoning)  |
| National Register historic district  |
| Landmarked property (H zoning)   |
| Is the project located within the University Neighborhood Overlay (UNO) boundaries, and subject to       |
| the streetscape standards of UNO?  Yes No  |
| Is the project located within the boundaries of downtown Austin, with the boundaries of MLK Blvd. to     |
| the north, the Colorado River to the south, Lamar Blvd. to the west, and I35 to the east, and subject to |
| required streetscape standards? 🛛 Yes 🗋 No   |
| Will the project need to participate in the Downtown Density Bonus Program (DDBP), seeking to            |
| increase maximum building height, and/or Floor to Area Ratio (FAR) beyond base entitlements?             |
|  |
| Is the project opting to participate in the Great Streets Program?                                       |
| Will a License Agreement Application be submitted for this project?                                      |
| Electric Utility Provider:   |
| Water Provider:  |
| Wastewater Disposal Provider:  |

| Section 7: Application Assessmen  | t   |  |  |  |
|---|---|--|--|--|
| Is a Traffic Impact Analysis (TIA) required?  |   |  |  |  |
| Large Retail Use, as defined in Sec. 25-2-815? 🛛 Yes 🗌 No   |   |  |  |  |
| Is this use Conditional within the site's zoning of   | listrict? 🗌 Yes 🔲 No  |  |  |  |
| Has there been a Development Assessment or<br>Yes No File Number:   | ·   |  |  |  |
|   | Jo (If No, an Off-Site/Shared Parking Application and fees are      |  |  |  |
| Shared parking? Yes No (If Yes, an Off-S  | Site/Shared Parking Application and fees are required)              |  |  |  |
| Section 8: Site Area Information  |   |  |  |  |
| Gross Site Area: Acres<br>See Section 25-1-21(44) of the Land Development Cod                               | -OR- Sq. Ft   |  |  |  |
| Net Site Area: Acres<br>See Section 25-8-62 of the Land Development Code f                                  | OR- Sq. Ft<br>for a definition of Net Site Area.                    |  |  |  |
| Limits of Construction: Acres   | OR- Sq. Ft  |  |  |  |
| EXISTING ZONING EXISTING USE  | TRACT # ACRES / SQ FT PROPOSED USE                                  |  |  |  |
| Complete the chart, indicating the zoning (within the C<br>there is only one tract, refer to it as Tract 1. | ity limits), existing and proposed uses, and area of each tract. If |  |  |  |
|   | /   |  |  |  |
|   | /   |  |  |  |
|   | /   |  |  |  |
|   | ,   |  |  |  |
| Existing Impervious Cover (%):  | Proposed Impervious Cover (%):                                      |  |  |  |
| Are any underground storage tanks existing or   | proposed?  Yes  No  |  |  |  |
| Section 9: Related Cases  |   |  |  |  |
|   | FILE NUMBERS  |  |  |  |
| Zoning Case? 🔲 Yes 🗌 No   |   |  |  |  |
| Restrictive Covenant?   |   |  |  |  |
| Subdivision?  Yes  No   |   |  |  |  |
| Land Status Determination? 🗌 Yes 🗌 No   |   |  |  |  |
| Existing Site Plan?  Yes  No  |   |  |  |  |

# Section 10: Land Use Site Plan Data - as applicable

| ubject to Compatibility Standards? 🔲 Yes 🗌 No  |      |
|--|------|
| Combining District/Overlay Zone? (NCCD, CVC, WO, AO, etc.): ☐Yes ☐No<br>If Yes, please specify:      |      |
| equires a Green Building Program Rating? □Yes □No (If Yes, attach Letter of Intent)                  |      |
| Section 11: Waiver / Variance / Etc as applicable  |      |
| Compatibility Standards Waiver – Code Section(s):  |      |
| Board of Adjustments Variance – Case Number(s):  |      |
| Driveway Spacing – Code Section(s):  |      |
| Hill Country – Code Section(s):  |      |
| Waterfront Overlay District – Code Section(s):   |      |
| Environmental – Code Section(s):   |      |
| Shared Parking Analysis 🛛 Off-Site or Remote Parking   |      |
| Detention Pond Waiver  |      |
| Section 12: City Arborist Review   |      |
| as there been an onsite consultation with a City Arborist? $\Box$ Yes $\Box$ No                      |      |
| f yes, please include all consultation correspondence and supporting documentation.)                 |      |
| onsultation – Tree Permit Number:  |      |
| /ill you be requesting a tree variance?  |      |
| or commercial site-plan applications, count trees within and adjacent to the limits of construction: |      |
| Number of trees with a diameter of 8 in. or greater located within the Limits of Construction (LC    | )C): |

- 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:

# Section 13: Submittal Verification

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 application 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 type or print Name below Signature, and indicate Firm represented, if applicable:

| Signature               | Month | Day | Year |
|-------------------------|-------|-----|------|
| Name (Typed or Printed) |       |     |      |
| Firm                    |       |     |      |

# **Section 14: Inspection Authorization**

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

Please type or print Name below Signature, and indicate Firm represented, if applicable:

| Signature               | Month | Day | Year |
|-------------------------|-------|-----|------|
| Name (Typed or Printed) |       |     |      |
| Firm                    |       |     |      |
|                         |       |     |      |

Is there a Gate Code? □ Yes □No

If yes, provide contact information for gate code:

# Section 15: Acknowledgment Form

I,

have checked for any information that may

(Printed Name of Applicant)

affect the review of this project, including but not limited to: subdivision plat notes, deed notes, deed restrictions, restrictive covenants, zoning conditional overlays, and/or Subchapter E design standards prohibiting certain uses and/or requiring certain development restrictions (height, access, screening, etc.) on this property, located at:

(Address or Legal Description):

If a conflict should result with the request I am submitting to the City of Austin due to any of the aforementioned information, it will be my responsibility to resolve it. I also acknowledge that I understand the implications of use and/or development restrictions that are a result of the aforementioned information.

I understand that if requested I must provide copies of any and all of the aforementioned information that may apply to this property.

Month

Year

Dav