

CASE # _____
PLAN REVIEW # _____

**APPLICATION TO THE RESIDENTIAL DESIGN
AND COMPATIBILITY COMMISSION (RDCC)**

GENERAL MODIFICATION WAIVER

APPLICANT: _____

AUTHORIZED AGENT (if applicable): _____

STREET ADDRESS: _____

LEGAL DESCRIPTION: Subdivision – _____

Lot(s) _____ Block _____ Outlot _____ Division _____

ZONING DISTRICT AND NEIGHBORHOOD PLAN: _____

LAND STATUS DETERMINATION CASE NUMBER (if applicable) _____

REQUEST: up to 25% increase in one or more of the following:

- _____ Maximum Floor to area ratio .4 or gross floor area >2300 sq ft.
- _____ Maximum Linear feet of Gables protruding from setback plane
- _____ Maximum Linear feet of Dormers protruding from the setback plane

Waive or modify the side wall articulation requirement of Section 2.7.

- _____ Side Wall Length Articulation

Please briefly and thoroughly

Note: Certificate of Appropriateness: H (Historic) or HD (Historic Designation) – case goes to RDCC first. National Register Historical District (NRHD) Overlay: without H or HD - case goes to Historic Landmark Commission first.

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DESIGN GUIDELINE CONSIDERATIONS:

1. Are there any recommendations from the neighborhood plan team for this development?

2. Does the development:

- a. Comply with the neighborhood design guidelines, if any

- b. Provide consistency with the streetscape of the properties in the vicinity

- c. Provide consistency with the massing, scale and proximity of structures located on either side of or behind the development

d. Impact the privacy of adjacent rear yards

e. Impact the topography or lot shape

3. For a development of an entire block, will the development have a negative impact on the adjacent property?

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APPLICANT CERTIFICATE – I affirm that my statements contained in the complete application are true and correct to the best of my knowledge and belief.

Mailing Address _____

City, State _____ Zip _____

Phone _____ Printed Name _____

Signature _____ Date _____

OWNER’S CERTIFICATE – I affirm that my statements contained in the complete application are true and correct to the best of my knowledge and belief.

Mailing Address _____

City, State _____ Zip _____

Phone _____ Printed Name _____

Signature _____ Date _____

**GENERAL INFORMATION FOR SUBMITTAL OF A MODICATION REQUEST TO
THE RESIDENTIAL DESIGN AND COMPATIBILITY COMMISSION**

(The following is intended to provide assistance in explaining the modification process. These suggestions are not intended to be a complete or exhaustive guide in assisting you through this process).

SUBMITTAL DEADLINE IS THE 2ND TUESDAY OF EACH MONTH

Confirm with RDCC liaison for any scheduled changes

SUBMITTAL REQUIREMENTS: (Failure to complete the application or to submit all the required materials will result in non-acceptance of the application).

1. A completed waiver application indicating all modifications being requested and a completed and reviewed residential application. An application must include all required information.
2. A tax plat map with subject property clearly marked indicating property within a ~~300~~500-foot radius. This is available from the Travis Central Appraisal District at 8314 Cross Park Drive (834-9138).
3. Check made payable to the City of Austin for the Residential Design and Compatibility Commission notification/sign fee.
4. Other Information – Although the following is not a requirement of submittal you may wish to include additional information that may assist the Commission in making an informed decision regarding your request, such as: visual aids to support the request, letters from the neighborhood association(s), etc. Any additional information you wish to submit must be in our office one week prior to the meeting. The Commission will receive a packet with all information that has been submitted on the Monday prior to the meeting.

Modifications approved by the Commission are limited to and conditioned upon the plans and specifications presented by the applicants, except as modified by the Commission.

**Residential Design and Compatibility Commission Liaison contact information:
974-2522 office 974-6536 fax**

**Planning and Development Review Department
One Texas Center
505 Barton Springs Road, 2nd Floor**

**Mailing Address:
P. O. Box 1088
Austin, TX 78767-1088**