



## Residential Review Consultation Request Form

To better serve all of our customers, effective October 1st, 2013, the Development Services Department requires customers seeking project-specific feedback regarding proposed building plans and with questions regarding the specific application and interpretation of the City of Austin Land Development Code to seek consultation from staff by paid appointment. Please complete the requested information and follow the instructions on the next page.

For general questions regarding Residential Permit Application review processes and procedures, or for basic development-related questions, the Residential Review Division will continue to provide free walk-in sessions. To manage the large volume of customers, walk-in sessions are limited to 20 minutes.

Name: \_\_\_\_\_

Subject Property (*address and/or tax parcel ID#*):

\_\_\_\_\_

Matters of Interest (*provide description of questions/concerns regarding subject property*):

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Meeting Duration (*minimum one-hour charge, quarter-hour intervals thereafter: 1, 1.25, 1.5, etc.*): \_\_\_\_\_

### For Office Use Only

GF#: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Location: \_\_\_\_\_

Staff Assigned: \_\_\_\_\_

The *Residential Review Consultation Request Form* may be submitted to the Residential Review Division located at One Texas Center, 505 Barton Springs Road during normal intake hours. Forms may also be submitted via email to [daniel.word@austintexas.gov](mailto:daniel.word@austintexas.gov) or directly to Residential Review staff.

- Attach a completed *Billing Information Form* (form attached on last page below)
- Invoice must be paid at the Cashier Office prior to consultation meeting
- Bring copy of receipt to meeting
- Fees are based on one hour minimum charge and quarter hour intervals thereafter – for current fee schedule please see “Consultation Fee” on the Residential Review and Permit Fees webpage at <http://www.austintexas.gov/department/fees>
- Request must be made at least one week in advance of the meeting
- Appointments are scheduled on Tuesday/Thursday afternoons

Residential Review staff will contact you to set a specific date and time for the consultation meeting and send you an invoice for the meeting. Please pay the invoice in the Service Center prior to the beginning of the scheduled meeting.

Please bring any relevant information to the meeting (surveys, deeds, plats, building plans, etc.). The quality of the information provided by staff during the consultation meeting is directly impacted by the quality of the questions being posed by the customer.

**Scheduled Meeting Disclosure Information:**

*In accordance with City of Austin Ordinance 20160922-005, responsibility of written disclosure is required by visitors when attending a scheduled meeting with a City Official regarding a municipal question as defined within City Code 4-8-2 for compensation on behalf of another person. Development Services Department has elected to implement an electronic survey as the methodology to provide the opportunity to record information as required of the department under Section 4-8-8 (E) of the City Code. Individuals scheduling or accepting a meeting invitation with a City Official are requested to provide responses to the questions included in the department survey available at the following link: [DSD Survey](#). Please note that all information provided is subject to public disclosure via DSD’s open data portal.*

**Contact Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_



## Billing Information Form

***Please print information EXACTLY as it appears on form of payment.***

***Examples:***

- “John A. Doe” is not the same as “John Doe”
- “John Doe Construction” is not the same as “John Doe Construction Inc.”

***If paying by credit card or check, billing address must match address on file.***

Form of Payment:  Check  Credit Card  Cash  Company Check

Name on Card/Check: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_ – \_\_\_\_ Email: \_\_\_\_\_

***APPLICATION WILL NOT BE REVIEWED until initial review fees are paid.***

***Proof of payment is not needed once payment is processed.***