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| Project Name: _____                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                             |
| Description of Work: _____                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                             |
| Address _____                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Suite #: _____ Building #: _____                                                                                                                                                                                |                                                                                                                                                             |
| Approved Site Plan #: _____                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Site Plan Expiration Date: _____                                                                                                                                                                                |                                                                                                                                                             |
| Approved Site Development Exemption #: _____                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | D.A.C. Approval Date: _____                                                                                                                                                                                     |                                                                                                                                                             |
| Current Use: _____                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Proposed Use: _____                                                                                                                                                                                             |                                                                                                                                                             |
| Historic Landmark or Historic District: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Density Bonus: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                         |                                                                                                                                                             |
| Green Building Standards Required: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Flood Plain: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                           |                                                                                                                                                             |
| New or Upgraded Service: <input type="checkbox"/> Yes** <input type="checkbox"/> No<br><small>**ESPA required.</small>                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Greater than 50% of exterior walls <b>demolished?</b> <input type="checkbox"/> Yes** <input type="checkbox"/> No<br><small>**Compliance with Demolition Notification required (Ordinance 20201001-040).</small> |                                                                                                                                                             |
| Residents of 5 or more currently occupied residential units will be displaced*: <input type="checkbox"/> Yes** <input type="checkbox"/> No<br><small>*Defined LDC 25-1-701 **If 5 or more, tenant notification may be required and a certified form may be required with your application (LDC 25-1-712)</small>                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Total New/Addition & Remodeled Building Area > 5,000 Sq Ft: <input type="checkbox"/> Yes** <input type="checkbox"/> No<br><small>**Construction material recycling is required (LDC 25-11-39)</small>           |                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Onsite Sewage: <input type="checkbox"/> Yes** <input type="checkbox"/> No<br><small>**Submit approved onsite sewage document</small>                                                                            | Auxiliary Water Source: <input type="checkbox"/> Yes** <input type="checkbox"/> No<br><small>**Submit approved auxiliary and potable plumbing plans</small> |
| <b>REVIEWS REQUESTED:</b> <input type="checkbox"/> Building <input type="checkbox"/> Design <input type="checkbox"/> Electric <input type="checkbox"/> Mech. <input type="checkbox"/> Plumb. <input type="checkbox"/> Med. Gas <input type="checkbox"/> Energy <input type="checkbox"/> Fire <input type="checkbox"/> Structural <input type="checkbox"/> Health <input type="checkbox"/> Ind. Waste |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                             |
| Hazardous Waste Materials: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Hazardous Materials: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                   | Existing Underground Storage Tanks: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                |
| Building Construction Type: <input type="checkbox"/> IA <input type="checkbox"/> IB <input type="checkbox"/> IIA <input type="checkbox"/> IIB <input type="checkbox"/> IIIA <input type="checkbox"/> IIIB <input type="checkbox"/> IV <input type="checkbox"/> VA <input type="checkbox"/> VB                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                             |
| # of Floors in Scope of Work: _____                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | # of Bldg Floors: _____                                                                                                                                                                                         | # of Units: _____                                                                                                                                           |
| Fire Sprinklers: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/> Existing <input type="checkbox"/> New <input type="checkbox"/> 13R <input type="checkbox"/> 13D                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Fire Alarm System: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None <input type="checkbox"/> Existing <input type="checkbox"/> New                                  |                                                                                                                                                             |
| <b>Primary Use</b>                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> B, E, F, M, S, U <input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> H                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                 |                                                                                                                                                             |
| <b>Occupancy Group</b>                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Shell Building <input type="checkbox"/> Parking Garage                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                             |
| <b>NEW SqFt</b>                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>REMODEL SqFt</b>                                                                                                                                                                                             | <b>Total Square Feet of Building:</b>                                                                                                                       |
| General Contractor: _____                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Email: _____ Phone: _____                                                                                                                                                                                       |                                                                                                                                                             |
| General Contractor Address: _____                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                             |
| Property Owner: _____                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Email: _____ Phone: _____                                                                                                                                                                                       |                                                                                                                                                             |
| Name of Applicant: _____                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                             |
| Address: _____                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                             |
| City: _____ State: _____ Zip: _____                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                             |
| I understand that in accordance with the City of Austin Land Development Code, non-compliance with the Land Development Code may be cause for the Building Official to suspend or revoke a permit and/or license.                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                             |
| Signature (Applicant or Authorized Agent): _____                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Phone: _____                                                                                                                                                                                                    |                                                                                                                                                             |
| Printed Name: _____                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Email: _____                                                                                                                                                                                                    |                                                                                                                                                             |
| <b>FOR OFFICE USE ONLY</b>                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                 | C.O. Required:<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                  |
| Total Project Sq Ft: _____                                                                                                                                                                                                                                                                                                                                                                           | Type Construction: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Occupancy Group: _____                                                                                                                                                                                          |                                                                                                                                                             |
| <b>REQUIRED</b>                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Elec <input type="checkbox"/> Mech <input type="checkbox"/> Plmb <input type="checkbox"/> Sidewalk <input type="checkbox"/> Driveway <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Ind. Waste<br><input type="checkbox"/> Fire <input type="checkbox"/> Hlth <input type="checkbox"/> Engy <input type="checkbox"/> PV (solar) <input type="checkbox"/> Landscape <input type="checkbox"/> Environ <input type="checkbox"/> Medical Gas <input type="checkbox"/> OSSF |                                                                                                                                                                                                                 |                                                                                                                                                             |