

Consolidated 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 https://www.austintexas.gov/siteplans.

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>



Description of Proposed Development:

Provide either Property Le	gal Description or Subdivision Reference:	
Legal Lot Description	n:	
This information is on the dee	Conveying Property to the Present Owner: d or is available from the title company or through Document Number:	the County Appraisal District.
Volume:	Sq. Ft.:	
fax Parcel Number(s):		
Section 2: Applica	nt/Agent Information	
Provide all contact information	n. If an agent is designated, this is considered the '	"Applicant" and will be the primary
contact. Applicant Name:		
Applicant Name:		
Applicant Name: Firm:		
Applicant Name: Firm: Applicant Mailing Address:		Zip:
Applicant Name: Firm: Applicant Mailing Address: City:	State:	Zip: Type:
Applicant Name: Firm: Applicant Mailing Address: City:	State: Phone:	
Applicant Name: Firm: Applicant Mailing Address: City: Email: Section 3: Owner I <i>Provide all contact information</i>	State: Phone:	Type:
Applicant Name: Firm: Applicant Mailing Address: City: Email: Section 3: Owner I Provide all contact information written authorization for the ag	State: Phone: I nformation In if the o <mark>wne</mark> r is not the applicant. The current own	Type: er must sign the application or attact s information is correct.
Applicant Name: Firm: Applicant Mailing Address: City: Email: Section 3: Owner I Provide all contact information written authorization for the ag Same as Applicant	State: Phone: I nformation In if the owner is not the applicant. The current own gent. Be sure all signatures are legible and address	Type: er must sign the application or attact s information is correct.
Applicant Name: Firm: Applicant Mailing Address: City: Email: Section 3: Owner I Provide all contact information written authorization for the ag Same as Applicant Firm:	State:	Type: er must sign the application or attact s information is correct.
Applicant Name: Firm: Applicant Mailing Address: City: Email: Section 3: Owner I Provide all contact information written authorization for the ag Same as Applicant Firm: Owner Mailing Address:	State:	Type: er must sign the application or attact s information is correct.

Section 4: Eng	gineer Information		
Provide all engineer co	ontact information, if applicable.		
🗌 Not Applicable	Same as Applicant	Name:	
Firm:			
Mailing Address:			
City:		State:	Zip:
Email:		Phone:	Туре:
Section 5: Oth	er Professional/Trad	le Information	
Provide all professiona contractor, landscape a	al and/or trade contact information, architect, etc.		e general contractor, electrical
Name:			
Firm:			
Mailing Address:			
City:		State:	Zip:
Email:		Phone:	Туре:
Section 6: Pro	perty Attributes		
Land Development J	lurisdiction: OFull-Purpose	CLimited-Purpose	
Does your project in	clude affordable housing unit	ts or fee-in-lieu of affordat	ble units? Select all type(s)
of affordable housing	g program(s) and funding bei	ing pursued:	
🗖 Permanent Sup	portive Housing (PSH)		
🗆 S.M.A.R.T. Hou	sing		
🗌 Density Bonus			
Density Bonus	(DB) 90. Is the Certification	Letter attached? O Yes	⊖ No
🗌 Government Fu	inding (County/State/Federa	I). Exp. Date(s):	
If residential, are the	re other Tax Credits or State	/Federal funding? OYes	○ No
Is your project a cap	ital improvement project? If s	so, who is the department	sponsor?
Is your project a sch	ool project? 🔘 Yes 🔾 No		
School District:	Provide the name	of the school district this projec	t is located within.
Does the proposal in	clude demolition or relocation	on of any buildings over 45	years old? □Yes □No
If demolition is propo	osed, how many residential u	inits will be demolished?	

Number of these residential units currently occupied:
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 🔷 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:
 North Burnet/Gateway (NBG)
 East Riverside Corridor (ERC)
O 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?
🗋 Yes 📋 No
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 Assessment	t
Is a Traffic Impact Analysis (TIA) required?	Yes No
Large Retail Use, as defined in Sec. 25-2-815?	□Yes □No
Is this use Conditional within the site's zoning d	listrict? 🔲 Yes 🔲 No
Has there been a Development Assessment or	Concept Site Plan?
🗆 Yes 🗌 No 🛛 File Number:	
Will all parking be located on site? Yes N required)	Io (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 See Section 25-1-21(44) of the Land Development Cod	-OR- Sq. Ft. de for a definition of Gross Site Area.
Net Site Area: Acres See Section 25-8-62 of the Land Development Code for	-OR- Sq. Ft. or 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 Ci there is only one tract, refer to it as Tract 1.	ity limits), existing and proposed uses, and area of each tract. If
	/
	/
	<i>I</i>
	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? Yes No	

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Land Statue Determination 2 🗌 Vac 🗌 No
Land Status Determination? Yes No
Existing Site Plan? Yes No
Section 10: Land Use Site Plan Data - as applicable
Subject to Compatibility Standards? Yes No
In Combining District/Overlay Zone? (NCCD, CVC, WO, AO, etc.): 🔼 Yes 🔲 No
If Yes, please specify:
Requires 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 Alternative Landscape Compliance
Section 12: City Arborist Review
Has there been an onsite consultation with a City Arborist?
(If yes, please include all consultation correspondence and supporting documentation.)
Consultation – Tree Permit Number:
Will you be requesting a tree variance?
For 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 (LOC):

- 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

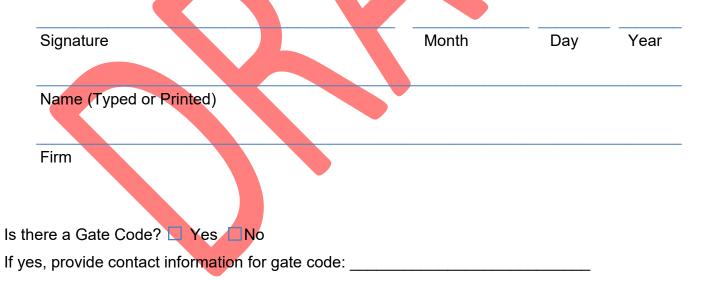
My signature attests to the fact that the attached application package is complete and accurate to the best of my knowledge. I understand that proper City staff review of this application is dependent upon the accuracy of the information provided and that any inaccurate or inadequate information provided 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 Autho	rization		

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:



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.

Applicant's Signature Month Day Year	