

Site Plan Fair Notice

To provide fair notice, the following information must be provided:

Department use only:

Application Date _____
File Number _____
Development Review Type _____
Application Accepted By _____

PRIMARY PROJECT DATA

Consolidated Administrative Approval?	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Small Project?	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Basic Site Plan ?	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Land Use Site Plan only?	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Construction Plan only?	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Consolidated Planning Commission Approval?	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Open Channel Drainage Detention Project?	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Off-site and Shared Parking Site Plan?	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Boat Dock and Shoreline Modification?	<input type="checkbox"/> Yes / No <input type="checkbox"/>
Utility Line Project ?	<input type="checkbox"/> Yes / No <input type="checkbox"/>

Project Name _____
Project Street Address (or range) _____ Zip _____

If project address cannot be defined, such as utility lines, provide the following information:

_____ Along the _____ Side of _____
Frontage Rd. _____ N S E W _____ Frontage Road
Approximately _____ From the Intersection with _____
Distance _____ Direction _____ Cross Street _____
County _____ Jurisdiction - Full /Limited /2-Mile /5-Mile

PROPERTY DESCRIPTION

Provide either subdivision reference or brief legal description

_____ 1. Subdivision Reference
Name _____ Approved _____
Block(s) _____ Lot (s) _____ Outlot _____
Plat Book _____ Page Number _____

_____ 2. Brief Legal Description _____

PROJECT SUMMARY

Provide a summary describing the scope and nature of the project.

Describe the rules and regulations applicant is seeking to apply to this project* _____

***1704 determination** request must be submitted if seeking the application of any rules and regulations other than current rules and regulations. Applicant must submit supporting information for a determination.

SITE AREA

Acres _____ or Sq.ft. _____

EXISTING ZONING PROPOSED USE	EXISTING USE	TRACT #	ACRES/SQ FT
_____	_____	_____	_____/_____ /
_____	_____	_____	_____/_____ /
_____	_____	_____	_____/_____ /
_____	_____	_____	_____/_____ /

Utility or Storm Sewer Length: _____ Linear Feet
In Combining District / Overlay Zone? (NCC,CVC, WO,
On a Principal Roadway? YES / NO On a Hill Country Roadway? YES / NO
Taking access to Principal Roadway? YES / NO
Grid Number(s) _____
Tax Parcel Numbers _____

RELATED CASES

Zoning Case? YES / NO : Case Number: _____
Restrictive Covenant? YES / NO : RC document number _____
Existing Site Plan? YES / NO : Case number _____

OWNER INFORMATION (* required information)

Signature _____ *Name(printed) _____
Firm _____ *Phone _____
*Fax _____ *Email address _____
Street _____ City _____ State _____ Zip _____

AGENT / PRINCIPAL CONTACT (* required information)

Signature_____	Name (printed)_____
Firm _____	*Phone _____
* Fax _____	*Email address_____
Street _____	City_____State____Zip_____

_____ **TWO (2) COPIES OF PLANS MUST BE PROVIDED**

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 Date

Name (Typed or Printed)

Firm

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

Date

Name (Typed or Printed)

Firm

ACKNOWLEDGMENT FORM
CONCERNING
Subdivision Plat Notes, Deed Restrictions,
Restrictive Covenants
and/or
Zoning Conditional Overlays

I, _____ have checked for subdivision plat notes, deed notes, deed
(Printed name of applicant)
restrictions, restrictive covenants and/or zoning conditional overlays prohibiting certain
uses and/or requiring certain development restrictions i.e. 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
subdivision plat notes, deed restrictions, restrictive covenants and/or zoning conditional
overlays 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 a subdivision
plat notes, deed restrictions, restrictive covenants and/or zoning conditional overlays.

I understand that if requested I must provide copies of any and all subdivision plat
notes, deed restrictions, restrictive covenants and/or zoning conditional overlay
information which may apply to this property.

(Applicant's Signature)

Date