



Master Application

City of Kerrville - Planning Department

Required Information:

1. Applicant/Owner contact information

Name of Owner: _____ Email: _____

Mailing Address: _____ Phone: _____

Name of Applicant (if different than owner): _____ Email: _____

Mailing Address: _____ Phone: _____

2. Subject Property

Project Name: _____

Street address (approximate): _____

Tax/Property ID Number: _____

Legal description of property

Subdivision Name: _____

Block: _____ Lot: _____

Zoning Districts: _____ Comprehensive Plan Designation: _____

3. Please check all that apply

Transaction Code: 840.01-6236

Attach completed checklists for all projects

- | | | | |
|--|---------------|--|-------|
| <input type="checkbox"/> Annexation (2 copies /2 petitions) | <u>No Fee</u> | <input type="checkbox"/> Preliminary Plat (20 copies)
\$300 + \$20/lot or \$10/acre (which ever is greater) | _____ |
| <input type="checkbox"/> Administrative Appeal | \$150 | <input type="checkbox"/> Final Plat (20 copies)
\$150 + \$10/lot | _____ |
| <input type="checkbox"/> Preliminary Site Plan (20 copies) | <u>No Fee</u> | <input type="checkbox"/> Preliminary Minor Plat (20 copies)
\$150 + 10/lot | _____ |
| <input type="checkbox"/> Final Site Plan (20 copies) | <u>No Fee</u> | <input type="checkbox"/> Final Minor Plat (20 copies)
\$150 + 10/lot | _____ |
| <input type="checkbox"/> Concept Plan (20 copies) | \$500 | <input type="checkbox"/> Replat (20 copies)
\$150 +10/lot | _____ |
| <input type="checkbox"/> Alternative Screening Request
(P&Z Commission) | <u>No Fee</u> | | |
| <input type="checkbox"/> Development Site Plan (20 copies) | \$200 | | |

Note: All Plat related fees will be collected once the application is deemed complete. Once the application has been deemed complete and all fees have been paid, the Platting process will begin. (The application completeness review process may take up to a maximum of ten (10) business days).

For plats in the ETJ: (Payment due at the time of final plat, \$200.00 per lot)

Parkland Fee (East) _____
08-6242

Parkland Fee (West) _____
08-6243

Owner's Affidavit Required for: *(Must attach to this Master Application Form)*

- | | |
|---|--|
| <input type="checkbox"/> Conditional Use Permit (CUP) Request _____
840. 01-6236 \$300 | <input type="checkbox"/> Zoning Change Request _____
840. 01-6236 \$300 |
| <input type="checkbox"/> Variance Request _____
840. 01-6236 \$150 | <input type="checkbox"/> Comp. Plan Amendment Request _____
840. 01-6236 \$300 |
| <input type="checkbox"/> Planned Development District Request _____
840 .01-6236 \$300 | <input type="checkbox"/> Specific Use Permit (SUP) Request _____
840. 01-6236 \$300 |

4. Please provide a basic description of the proposed request/project: _____

5. Submit all completed applications and forms to our office located at 200 Sidney Baker Street, Kerrville, Texas 78028 or via email buildings@kerrvilletx.gov . A completed application is due by 10:00 a.m. Friday to be reviewed the following week. If you have any questions please call (830)258-1170.

I hereby certify that I am the owner of the subject property. I further certify that I have read and examined this application and know the same to be true and correct. If any of the information provided on this application is incorrect the application may be denied and/or the permit or approval may be revoked.

Owner Signature: _____ Date: _____

I hereby certify that I am the duly authorized agent of the owner for the purposes of this application. I further certify that I have read and examined this application and know the same to be true and correct. If any of the information provided on this application is incorrect the application may be denied and/or the permit or approval may be revoked.

Applicant Signature *(if different than owner)*: _____ Date: _____