

Balcones Canyonlands Conservation Plan

<u>Participation Certificate Application</u> *Mitigation Fee Zone Determination*

	Application No.				
1.	Applicant Information:				
	Applicant Name:				
	Company or Agency:				
	Mailing Address:				
	City:	State:	Zip Code:		
	Contact Name:	Contact Title:			
	Daytime Phone # ()	Fax	x # ()		
2.	Landowner (if different from Applicant):				
	Mailing Address:				
	City:	State:	Zip Code:		
3.	Property Name				
	Street Address or Location				
4.	Legal Description:				
	Subdivision		_ Lot(s)		
	Block Phase	Section			
	Acres Out of		Survey #		
5.	Tax Parcel ID #'s				
6.	Has the U.S. Fish and Wildlife Service (USFWS of listed species for this property or a portion the	S) determined mitig	gation requirements or	r potential take or NO	
	* If YES, attach a copy of the calculation	ons and any relate	ed correspondence fr	om USFWS.	
7.	Have mitigation fees or participation fees been p	paid on this proper	ty? *YES	_ or NO	
	* If YES, attach appropriate document	ation and any pro	oof of money transac	tions.	
8.	Is this application for one single family lot (Spe	cial Provision Cert	tificate)? *YES	or NO	
	* If YES, attach evidence that the tract County on or before May 4, 1990.	was legally recor	ded as a single parce	l in Travis	
9.	Is this application for the Land in Lieu of Fees I	Provision?	*YES or	NO	
	* IF YES, attach the supplemental Land	d In Lieu of Fees	application form.		

10. Attach to this appl						
	ies that are unplatted (not in a subdivision) prov	vide a legible survey or metes and				
	cription of the land being mitigated.					
A recent Travis Central Appraisal District Map with the subject parcels highlighted.						
	<u>If</u> possible, locate any property pins or monuments with GPS and include the processed					
coordinate	зата.					
11. Proposed use of th	e land:					
COMMENTS:						
I realize that failure to sur	oply complete information with this application	may delay processing. I understand				
	tion may be provided to the Austin office of the					
	on this application are true and correct to the be					
		DATE C				
SIGNATURE of Person	Responsible for Submitting Application	DATE Signed				
						
PRINTED NAME of Pe	rson Signing	Indicate Agent or Attorney				
Submit applications to:	Jennifer Brown					
submit applications to	Travis County					
	Transportation & Natural Resources - BC	CP				
	PO Box 1748					
	Austin, TX 78767					
	Fax #: (512) 854-6474					
	Email: Jennifer.brown@co.travis.tx.us					
	Diffusion of the contravistents					
	FOR OFFICE USE					
Date Received:	Staff initials: Application	complete?				
Additional information need	led:					
Comments:						