

City of Austin - Historic Preservation Office  
Historic Zoning Application Packet

OK to go  
S. Sadowsky  
3-9-17

A. APPLICATION FOR HISTORIC ZONING  
DISTRICT

PROJECT INFORMATION:

DEPARTMENTAL USE ONLY	
APPLICATION DATE: _____	FILE NUMBER(S) _____
TENTATIVE HLC DATE: _____	
TENTATIVE PC or ZAP DATE: _____	
TENTATIVE CC DATE: _____	CITY INITIATED: YES / NO
CASE MANAGER: _____	ROLLBACK: YES/NO
APPLICATION ACCEPTED BY: _____	

BASIC PROJECT DATA:

1. OWNER'S NAME: MIRANDA DODSON

2. PROJECT NAME: PENICK PLACE HISTORIC DISTRICT

3. PROJECT STREET ADDRESS (or Range): 5602, 5604, 5606, 5608, 5700, 5702, 5704, 5617,  
ZIP 78741 COUNTY: \_\_\_\_\_

IF PROJECT ADDRESS CANNOT BE DEFINED ABOVE:  
LOCATED \_\_\_\_\_ FRONTAGE FEET ALONG THE N. S. E. W. (CIRCLE ONE) SIDE OF \_\_\_\_\_  
(ROAD NAME PROPERTY FRONTS ONTO), WHICH IS  
APPROXIMATELY \_\_\_\_\_ DISTANCE FROM ITS  
INTERSECTION WITH \_\_\_\_\_ CROSS STREET.

AREA TO BE REZONED:

4. ACRES 9.365 (OR) SQ.FT. \_\_\_\_\_

5. ZONING AND LAND USE INFORMATION:

EXISTING ZONING	EXISTING USE	TRACT# (IF MORE THAN 1)	ACRES / SQ. FT.	PROPOSED USE	PROPOSED ZONING
<u>SE-1-NP</u>	<u>VACANT</u>	<u>8</u>	<u>4.815 TOTAL</u>	<u>SINGLE-FAM</u>	<u>SE-1 HD-NP</u>
<u>EPK-NMU-NP</u>	<u>VACANT</u>	<u>X</u>	<u>4.55</u>	<u>MIXED</u>	<u>NMU-HD-NP</u>
<u>SE-3-NP</u>	<u>SINGLE-FAM</u>	<u>07</u>		<u>SINGLE-FAM</u>	<u>SE-3 HD-NP</u>

RELATED CURRENT CASES:

6. ACTIVE ZONING CASE?	(YES) <u>(NO)</u>	FILE NUMBER:	_____
7. RESTRICTIVE COVENANT?	(YES) <u>(NO)</u>	FILE NUMBER:	_____
8. SUBDIVISION?	(YES) <u>(NO)</u>	FILE NUMBER:	_____
9. SITE PLAN?	(YES) <u>(NO)</u>	FILE NUMBER:	_____

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PROPERTY DESCRIPTION (SUBDIVISION REFERENCE OR METES AND BOUNDS):

10a. SUBDIVISION REFERENCE: Name: PENICK PLACE (PENICK DR. + E. RIVERSIDE DR.)  
Block(s) 5600-5700 Lot(s) 1-4 Outlot(s) \_\_\_\_\_  
Plat Book: \_\_\_\_\_ Page \_\_\_\_\_  
Number: \_\_\_\_\_  
10b. METES AND BOUNDS (Attach two copies of certified field notes if subdivision reference is not available or zoning includes partial lots)

DEED REFERENCE CONVEYING PROPERTY TO PRESENT OWNER AND TAX PARCEL I.D.:

11. VOLUME: \*ATTACHED PAGE: \_\_\_\_\_ TAX PARCEL I.D. NO. \_\_\_\_\_

OTHER PROVISIONS:

12. IS PROPERTY IN A ZONING COMBINING DISTRICT / OVERLAY ZONE? YES / NO  
TYPE OF COMBINING DIST/OVERLAY ZONE (NCCD, NP, etc) \_\_\_\_\_  
13. LOCATED IN A LOCAL OR NATIONAL REGISTER HISTORIC DISTRICT? YES / NO  
14. IS A TIA REQUIRED? YES / NO (NOT REQUIRED IF BASE ZONING IS NOT CHANGING)  
TRIPS PER DAY: \_\_\_\_\_  
TRAFFIC SERIAL ZONE(S): \_\_\_\_\_

OWNERSHIP TYPE:

15. ☒ SOLE ☐ COMMUNITY PROPERTY ☒ PARTNERSHIP ☐ CORPORATION ☐ TRUST

If ownership is other than sole or community property, list individuals/partners/principals below or attach separate sheet.

OWNER INFORMATION:

16. OWNER CONTACT INFORMATION  
SIGNATURE: [Signature] NAME: MIRANDA DODSON (REP)  
FIRM NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
STREET ADDRESS: 5700 PENICK DR  
CITY: AUSTIN STATE: TX ZIP CODE: 78741  
EMAIL ADDRESS: \_\_\_\_\_

AGENT INFORMATION (IF APPLICABLE):

17. AGENT CONTACT INFORMATION  
SIGNATURE: \_\_\_\_\_ NAME: \_\_\_\_\_  
FIRM NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_


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**D. SUBMITTAL VERIFICATION  
AND INSPECTION AUTHORIZATION**

**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.

 2/28/17  
Signature Date


MIRANDA DORSON  
Name (Typed or Printed)

\_\_\_\_\_  
Firm (If applicable)

**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.

 2/28/17  
Signature Date

MIRANDA DORSON  
Name (Typed or Printed)

\_\_\_\_\_  
Firm (If applicable)

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**E. ACKNOWLEDGMENT FORM**

concerning  
Subdivision Plat Notes, Deed Restrictions,  
Restrictive Covenants  
and / or  
Zoning Conditional Overlays

I, MIRANDA DODSON have checked for subdivision plat notes, deed restrictions,  
(Print name of applicant)

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

5600-5700 PENICK DRIVE ? 5600-5700 E. RIVERSIDE DR.  
(Address or Legal Description)

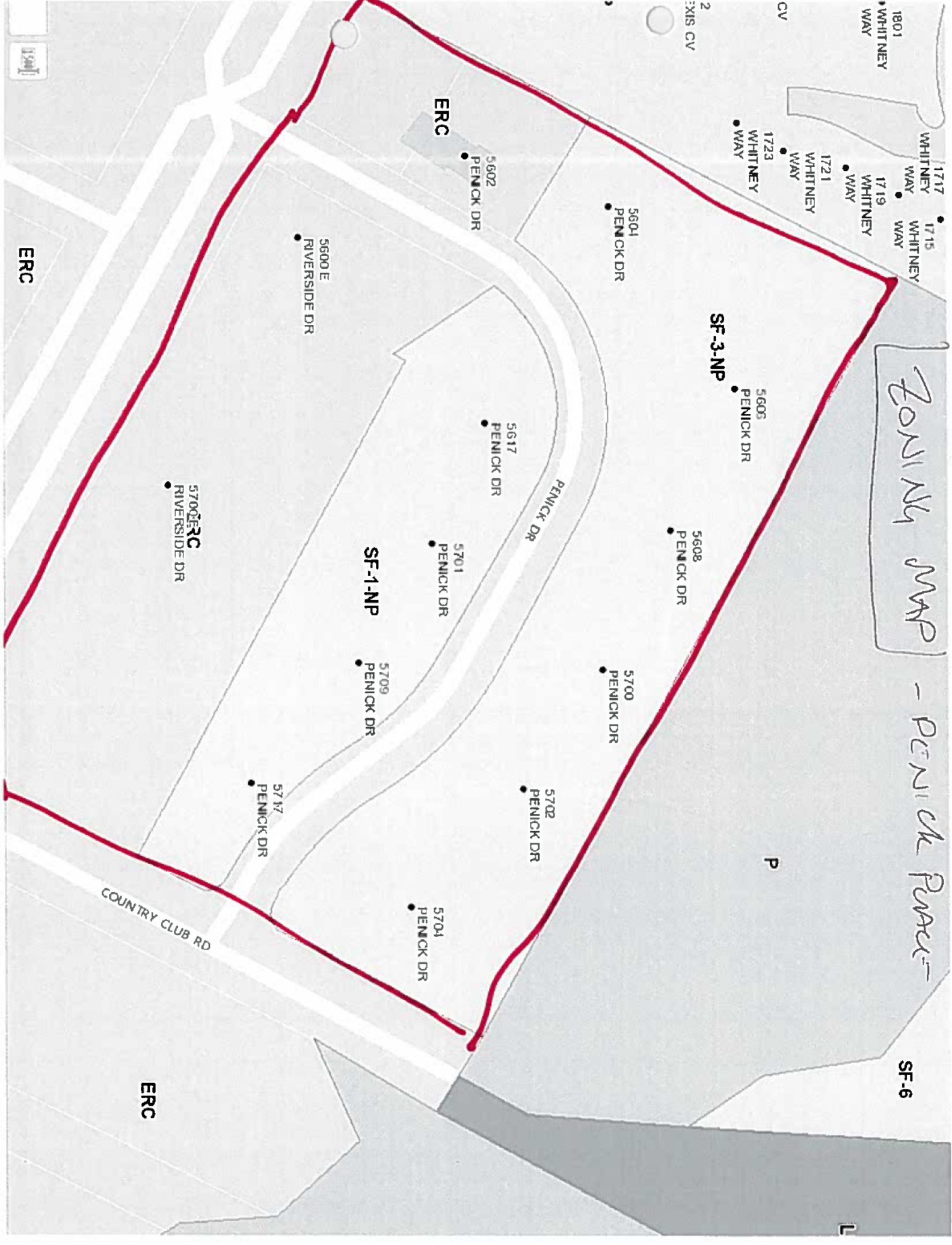
If a conflict should result with the request I am submitting to the City of Austin due to subdivision plat notes, deed restrictions, restrictive covenants and/or zoning conditional overlays it will be my responsibility to resolve it. I also acknowledge that I understand the implications of use and/or 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)

2/28/12  
(Date)

zoning map - Penick Place



1717  
WHITNEY WAY  
1715  
WHITNEY WAY  
1719  
WHITNEY WAY  
1721  
WHITNEY WAY  
1723  
WHITNEY WAY

1717  
WHITNEY WAY  
1715  
WHITNEY WAY  
1719  
WHITNEY WAY  
1721  
WHITNEY WAY  
1723  
WHITNEY WAY

5604  
PENICK DR

SF-3-NP

5605  
PENICK DR

5608  
PENICK DR

5700  
PENICK DR

5702  
PENICK DR

5704  
PENICK DR

SF-1-NP

5709  
PENICK DR

5701  
PENICK DR

5617  
PENICK DR

5602  
PENICK DR

5600 E  
RIVERSIDE DR

5700  
RIVERSIDE DR  
ERC

5717  
PENICK DR

COUNTRY CLUB RD

ERC

ERC

1:500



## Determination of Planning Commission or Zoning & Platting Commission Assignment

I, MIRANDA DOGSON, owner or authorized agent  
for the following project,

Project Name: PENICK PLACE Historic District

Project Street Address: PENICK DRIVE + 5600-5700 E RIVERSIDE DR.

Case Number: \_\_\_\_\_

### Check One:

- ☒ have verified that this project **does** fall within the boundaries of an approved neighborhood plan or a proposed plan as defined in the City of Austin Land Development Code Section 25-1-46(D).

Neighborhood Plan Name: PUSANT VALLEY EAST RIVERSIDE / OTOET COMBINED NPA

Commission assigned: **Planning Commission**

- ☐ have verified that this project **does not** fall within the boundaries of an approved neighborhood plan.

Commission assigned: **Zoning and Platting Commission**

I understand if I have not accurately determined if my project falls inside or outside the boundaries of an approved neighborhood plan, I may experience delays in processing my project through the appropriate commission.

Owner or Agent Signature: [Signature]

Date: 2/28/17

SAVE Form



# ZONING

## CITY OF AUSTIN TRAFFIC IMPACT ANALYSIS (TIA) DETERMINATION WORKSHEET

APPLICANT MUST FILL IN WORKSHEET PRIOR TO SUBMITTING FOR TIA DETERMINATION

PROJECT NAME: PENICK PLACE HISTORIC DISTRICT

LOCATION: RIVERSIDE DRIVE (5600-5700) + PENICK DRIVE

APPLICANT: MIRANDA DOOSON

TELEPHONE NO: [REDACTED]

APPLICATION STATUS: DEVELOPMENT ASSESSMENT: ☐ ZONING: ☒ SITE PLAN: ☐

### EXISTING:

### FOR OFFICE USE ONLY

TRACT NUMBER	TRACT ACRES	BLDG SQ.FT.	ZONING	LAND USE	L.T.E CODE	TRIP RATE	TRIPS PER DAY
		904	SF-1	SF	210	EQ	115

### PROPOSED

### FOR OFFICE USE ONLY

TRACT NUMBER	TRACT ACRES	BLDG SQ.FT.	ZONING	LAND USE	L.T.E CODE	TRIP RATE	TRIPS PER DAY
		1304	SF-1-H	SF	210	EQ	161

### ABUTTING ROADWAYS

### FOR OFFICE USE ONLY

STREET NAME	PROPOSED ACCESS?	PAVEMENT WIDTH	CLASSIFICATION

### FOR OFFICE USE ONLY

A traffic impact analysis is required. The consultant preparing the study must meet with a transportation planner to discuss the scope and requirements of the study before beginning the study.

☒ A traffic impact analysis is NOT required. The traffic generated by the proposal does not exceed the thresholds established in the Land Development Code.

The traffic impact analysis has been waived for the following reason: \_\_\_\_\_

A neighborhood traffic analysis will be performed by the City for this project. The applicant may have to collect existing traffic counts. See a transportation planner for information.

REVIEWED BY: [Signature] DATE: 3/2/17

DISTRIBUTION: \_\_\_\_\_ FILE \_\_\_\_\_ CAP. METRO \_\_\_\_\_ TXDOT \_\_\_\_\_ TRANS. REV. \_\_\_\_\_ TRAVIS CO. \_\_\_\_\_ TRANS. DEPT.

TOTAL COPIES: \_\_\_\_\_

NOTE: A TIA determination must be made prior to submittal of any zoning or site plan application, therefore, this completed and reviewed form MUST ACCOMPANY any subsequent application for the IDENTICAL project. CHANGES to the proposed project will REQUIRE a new TIA determination to be made.