

City of Austin - Historic Preservation Office  
**Historic Zoning Application Packet**

**A. APPLICATION FOR HISTORIC ZONING**

**PROJECT INFORMATION:**

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

**BASIC PROJECT DATA:**

|                                                                                                                                                                                                            |                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>1. OWNER'S NAME:</b>                                                                                                                                                                                    | E. Loren Kirkpatrick and Sarah R. Beck |
| <b>2. PROJECT NAME:</b>                                                                                                                                                                                    | White - Sheffield House                |
| <b>3. PROJECT STREET ADDRESS (or Range):</b>                                                                                                                                                               | 103 W 33rd St. Austin, TX 78705        |
| ZIP 78705                                                                                                                                                                                                  | COUNTY: Travis                         |
| <b>IF PROJECT ADDRESS CANNOT BE DEFINED ABOVE:</b>                                                                                                                                                         |                                        |
| LOCATED _____ FRONTAGE FEET ALONG THE <u>N. S. E. W. (CIRCLE ONE)</u> SIDE OF _____ (ROAD NAME PROPERTY FRONTS ONTO), WHICH IS APPROXIMATELY _____ DISTANCE FROM ITS INTERSECTION WITH _____ CROSS STREET. |                                        |

**AREA TO BE REZONED:**

|                                            |                 |                         |
|--------------------------------------------|-----------------|-------------------------|
| <b>4. ACRES</b> .234                       | (OR)            | <b>SQ.FT.</b> _____     |
| <b>5. ZONING AND LAND USE INFORMATION:</b> |                 |                         |
| EXISTING ZONING                            | EXISTING USE    | TRACT# (IF MORE THAN 1) |
| SF-3                                       | Residential     | .234 Acres              |
| _____                                      | _____           | _____                   |
| _____                                      | _____           | _____                   |
| PROPOSED USE                               | PROPOSED ZONING |                         |
| Residential                                | SF-3H           |                         |
| _____                                      | _____           | _____                   |
| _____                                      | _____           | _____                   |

**RELATED CURRENT CASES:**

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

# City of Austin - Historic Preservation Office

## Historic Zoning Application Packet

### PROPERTY DESCRIPTION (SUBDIVISION REFERENCE OR METES AND BOUNDS):

**10a. SUBDIVISION REFERENCE:** Name: Aldrich Place - OLT 74 Div D  
 Block(s) 2 Lot(s) Lot 4 & S. 18 FT of Lot 2 Outlot(s) No. 73 & No. 74 Div "D"  
 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:** 2023023659 **PAGE:** \_\_\_\_\_ **TAX PARCEL I.D. NO.** 213072

### OTHER PROVISIONS:

**12. IS PROPERTY IN A ZONING COMBINING DISTRICT / OVERLAY ZONE?** ~~YES~~ / NO  
 TYPE OF COMBINING DIST/OVERLAY ZONE (NCCD, NP, etc) North University N.A.

**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** 07/28/26

SIGNATURE: E. Loren Kirkpatrick NAME: E. Loren Kirkpatrick

FIRM NAME: N/A TELEPHONE NUMBER: 512-656-8521

STREET ADDRESS: 103 W 33rd St.

CITY: Austin STATE: TX ZIP CODE: 78705

EMAIL ADDRESS: lorenkirkpatrick@gmail.com

### AGENT INFORMATION (IF APPLICABLE):

**17. AGENT CONTACT INFORMATION**

SIGNATURE: \_\_\_\_\_ NAME: Emily Payne

FIRM NAME: HMM & Associates TELEPHONE NUMBER: (512) 478-8014

STREET ADDRESS: P.O. Box 9648 Austin, TX 78766-9648

CITY: Austin STATE: TX ZIP CODE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: epayne@hmmnc.com