Balcones Canyonlands Conservation Plan

Participation Certificate Application
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 # (____) ____-_____

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) determined mitigation requirements or potential take of listed species for this property or a portion thereof? ***YES____ or NO____**

   *** If YES, attach a copy of the calculations and any related correspondence from USFWS.**

7. Have mitigation fees or participation fees been paid on this property? ***YES____ or NO____**

   *** If YES, attach appropriate documentation and any proof of money transactions.**

8. Is this application for one single family lot (Special Provision Certificate)? ***YES____ or NO____**

   *** If YES, attach evidence that the tract was legally recorded as a single parcel in Travis County on or before May 4, 1990.**

9. Is this application for the Land in Lieu of Fees Provision? ***YES____ or NO____**

*** IF YES, attach the supplemental Land In Lieu of Fees application form.**

10. **Attach to this application:**
    - ___ A recent Travis Central Appraisal District (TCAD) Map with the subject parcels highlighted.
    - ___ For properties that are unplatted (not in a subdivision) provide a legible survey or metes and bounds description of the land being mitigated.
    - ___ If possible, (for new surveys) locate any property pins or monuments with GPS and include the processed coordinate data.

11. **Proposed use of the land:**_____

_____

COMMENTS:

_____

_____

_____

_____

I realize that failure to supply complete information with this application may delay processing. I understand that a copy of this application may be provided to the Austin office of the U.S. Fish and Wildlife Service. I certify that all statements on this application are true and correct to the best of my knowledge.

_____ _____

SIGNATURE of Person Responsible for Submitting Application **DATE Signed**

_____ _____

PRINTED NAME of Person Signing **Indicate Agent or Attorney**

Submit applications to: **Transportation & Natural Resources - BCCP**
Travis County
700 Lavaca St., 5th Floor
Austin, TX 78701

Phone: (512) 854-7213
Fax #: (512) 854-4648
Email: BCCP@traviscountytx.gov

FOR OFFICE USE
Date Received:_____ Staff initials:_____ Application complete? _____
Additional information needed: _____
_____
Comments: _____
_____
_____