



Balcones Canyonlands Conservation Plan

Participation Certificate Application

Mitigation Fee Zone Determination

Application No. _____

1. **Application 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:

- ___ For properties that are unplatted (not in a subdivision) provide a legible survey or metes and bounds description of the land being mitigated.
- ___ A recent Travis Central Appraisal District Map with the subject parcels highlighted.
- ___ If possible, 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: **Shelley Miller**
 Travis County
 Transportation & Natural Resources - BCCP
 PO Box 1748
 Austin, TX 78767

Office: (512) 854-7213
Fax #: (512) 854-6474
Email: Shelley.Miller@co.travis.tx.us

FOR OFFICE USE ONLY

Date Received: _____ Staff initials: _____ Application complete? _____

Additional information needed: _____

Comments: _____
