



DEVELOPMENT SERVICES

EMERGENCY ADD-ON APPLICATION

Instructions:

1. All applicable information must be legibly printed or typed for processing.
2. All signatures must be original. Applications may not be faxed or emailed.
3. An application will not be accepted without the required application fee of **\$550***. All checks must be made payable to "City of San Antonio."* A total of 6% Development Services & Technology Surcharge will be assessed.
4. It is noted that only complete packages, as per the UDC, will be scheduled for Planning Commission Consideration.

Plat ID Number: _____

Plat Name: _____

APPLICANT INFORMATION

Business/Company Name: _____

Point of Contact: _____

Status: Owner ☐ Agent ☐ Professional Engineer ☐ Land Surveyor ☐

Mailing address: _____

Telephone: Home/Office: () - Mobile: () -

Other phone: () - Email: _____

Per IB 505 the applicant must provide justification to request an Emergency Add-On for the plat referenced above. This justification shall include a comprehensive list of all missing items. Please provide your detailed response below. Additional pages may be attached as needed.

I, the undersigned, hereby certify that this Emergency Add-On request meets all of the following requirements:

1. A "Completeness Review for Plat Approval" and all required documents minus those items listed above were submitted on the regular deadline. Any pending information will be submitted by no later than the Monday after the regular deadline at 12:00 P.M. (9 days prior to the meeting).
2. This plat does not require a public hearing that involves notification of adjacent property owners, or any variances.
3. In the event of any pending staff reviews, I acknowledge that the \$250 expedited review fee applies for further review for each reviewing agency, and is included herein.
4. In the event that a reviewing agency does not complete the 5-day pre-approval review by the Thursday (5 days) prior to the meeting, my request will be withdrawn from the Planning Commission agenda and subject to the \$400 withdrawal fee.

I further certify that all information contained herein are true and correct to the best of my knowledge.

Applicant's Name

Applicant's Signature

Date

OFFICE USE ONLY

Application/Case No.: _____

Submittal Date: _____