



Certificate of Compatibility Application

This application is only for the ETJ Military Protection Areas in the Camp Bullis and Lackland Areas (Reference Ordinance 2019-09-19-0763)

Project Questions:

Date: _____ Address: _____ Building #: _____ Suite #: _____
 Applicant Name: _____ Phone #: _____
 Email: _____
 Owner Name: _____ Business Name (If applicable): _____

General Information:

MSAO: A certification indicating that construction will comply with Sound Attenuation requirements will be required for the following new structures/uses:

- o Single Family and Multi-Family Residential
- o Funeral Homes
- o Child Care Facilities
- o Senior/Community Centers
- o Assisted living facilities, nursing facilities, adult day cares, and similar congregated living facilities
- o Libraries
- o Facilities for religious worship or study (churches, synagogues, mosques, etc.)
- o In-patient medical facilities including hospitals and residential treatment facilities
- o Schools, Colleges, Universities (exceptions: schools constructed of masonry, non-classroom portions of the school, gymnasiums, temporary portable buildings)

AHOD: Structures over six stories in height will need to be reviewed by the Federal Aviation Administration for potential adverse impacts to airport runways

<p><u>Land Use Info</u> Business Name: _____ Business Description: _____ Function of Space: _____ Is business currently in use at this location? __Y__N</p>	<p><u>Land Development Office Use Only:</u> Reviewed By: _____ Comprehensive Land Use Category: _____ Applicable Zoning Districts: MLOD, _____ Proceed with Intake?: ____Y____N</p>
<p><u>Addressing:</u> Please ensure the attached request for Address Assignment/Verification form is complete and approved.</p>	<p><u>Addressing Office Use Only:</u> Reviewed By: _____ Proceed with Intake? ____Y____N</p>

Scope of Work:

<p><u>Residential:</u> ___ New Home Height of Home: _____ ft. Number of Stories: _____ <u>Note:</u> All exterior lighting fixtures on new homes must comply with MLOD (i.e. downward facing and fully shielded or cut off above 90 degrees). Spec sheets indicating International Dark Sky Association compliant light fixtures may be submitted.</p>	<p><u>Commercial/Multi-Family:</u> ___ New Commercial or Multi Family Building ___ Remodel or Change of Use Height of Structure: _____ ft. Number of Stories: _____ Multifamily: Size of property (acres): _____ Proposed number of units: _____ <u>Note:</u> An electrical plan detailing BUG ratings for all luminaires or computer lighting/photometric calculations will be required for all commercial and multi-family developments.</p>
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I have read the complete application and know the same to be true and correct and hereby agree that if the certificate is issued, all provisions of the City Ordinance will be complied with whether herein specified or not.

Signature of Applicant: _____

Printed Name of Applicant: _____