

# Development Services Application

"To assist development and improve the quality  
of life for the citizens of Bryan."



CITY OF BRYAN  
*The Good Life, Texas Style*

Please email all application materials and drawings in PDF  
format to [sdrc@bryantx.gov](mailto:sdrc@bryantx.gov). Application fees may be paid by phone at 979-209-5030.

## Type of application:

- |  |  |
|--|--|
| <input type="checkbox"/> Rezoning - \$550 (Supplement A)       | <input type="checkbox"/> Exception - \$300 (Supplement C)        |
| <input type="checkbox"/> Variance - \$300 (Supplement B)       | <input type="checkbox"/> Site Plan - \$250 (Supplement D)        |
| <input type="checkbox"/> ZBA Variance - \$300 (Supplement B)   | <input type="checkbox"/> Conditional Use Permit - \$400 (Sup. E) |
| <input type="checkbox"/> Building Design Review (Supplement H) | <input type="checkbox"/> Color Palette Review (Supplement J)     |

## If Plat – Type of plat:

- |   |   |
|---|---|
| <input type="checkbox"/> Preliminary Plan - \$250       | <input type="checkbox"/> Replat - \$300* (Supplement F) |
| <input checked="" type="checkbox"/> Final Plat - \$300* | <input type="checkbox"/> Master Plan - \$150            |
| <input type="checkbox"/> Amending Plat - \$300*         | <i>* includes Brazos County recording fee</i>           |

## Stormwater:

- |  |  |
|--|--|
| <input type="checkbox"/> Floodplain Development Permit - \$150<br>(Supplement G) | <input type="checkbox"/> Stormwater Quality Compliance |
|--|--|

## Wireless Communication Facility:

The City will conclusively presume that the Applicant's project is neither a collocation project qualified under 47 U.S.C Section 3229(c)(7) nor is it an "eligible facility" request for modification under Section 6409(a), unless the Applicant clearly asserts that it is.

- |   |   |
|---|---|
| <input type="checkbox"/> New Site or Tower - \$250<br>(Supplements D & K) | <input type="checkbox"/> Collocation (Supplement L) |
| <input type="checkbox"/> Eligible Facilities Request<br>(Supplement M)    |   |

## Property Owner Information

Name Carol Patterson

Mailing Address 7227 FM 1179

City Bryan State Texas Zip Code 77808

Phone 979-204-3898 Email Address maybl@verizon.net

## Applicant Information

Name Mike Patranella

Mailing Address 1505 S. College Ave.

City Bryan State Texas Zip Code 77801

Phone 979-412-4283 Email Address mike@gerard-construction.com

**Agent or Engineer Information**

Name Schultz Engineering, LLC  
Mailing Address 911 Southwest Parkway East  
City College Station State Texas Zip Code 77840  
Phone 979-764-3900 Email Address eng@schultzeng.com

**Site Information**

Address 7227 FM 1179  
Brazos Central Appraisal District Property ID: 13012  
Legal Description A004400, RICHARD PERRY & A005300 T M SPLANE, TRACT 7, 43  
Total Acreage 27.87  
Current Use Vacant  
Proposed Use Single Family Residential  
Current Zoning County  
Proposed Zoning County  
Is any of the property in the floodplain?  Yes  No  
Is this property under a conditional use permit?  Yes  No

**Certification**

I hereby certify that I am the owner of the above-described property for the purposes of this application. I am respectfully requesting processing and approval of the above referenced request. I agree to comply with the requirements in all applicable codes. I agree to provide all necessary information concerning this request. I certify that I have been informed and understand the regulations regarding this process as specified by City Ordinance.

Carol J. Patterson Owner's Signature CAROL J. PATTERSON Owner's Printed Name

I also hereby authorize the Applicant, Agent, and/or Engineer listed on this application to act on my behalf during the processing and presentation of this request. They shall be the principal contacts with the City in processing this application.

Carol J. Patterson Owner's Signature CAROL J. PATTERSON Owner's Printed Name

Michael G. Patranella Applicant's Signature Michael G. Patranella Applicant's Printed Name

Deven Doyen Agent/Engineer's Signature DEVEN DOYEN Agent/Engineer's Printed Name

**For Office Use Only**

Case Contacts \_\_\_\_\_

Case Number \_\_\_\_\_