

15 Appendix E: Historic Route Application Form

Application for Historic Route Designation at
Enchanted Rock State Natural Area

Routes at Enchanted Rock may be given Historic Route Designation (HRD) in order to protect them from future addition of new fixed protection or other possible modification that would detract from their historic character. All applications will be posted and public input solicited and collected for review for a period of three (3) months prior to a vote being recorded by the Central Texas Climbing Committee (CTCC). The CTCC will review all public comments received, and will take them closely into account in forming its decision. The CTCC will vote on the application and forward its decision to the Texas Parks & Wildlife Department (TPWD) as soon as possible after the end of the public review period. A historic route designation approval requires a unanimous vote of the CTCC membership and subsequent approval from the TPWD. The final decision will be conveyed to the applicant, and will be posted for public viewing for a minimum of at least one (1) month.

For further details on HRD, please refer to Section 7.3.5 of the ERSNA Climbing Management Plan.

Applications are accepted in person by serving CTCC members (www.centraltexasclimbingcommittee.com), via email sent to the CTCC (centraltexascc@gmail.com), or at the following address:

Superintendent
Enchanted Rock State Natural Area
16710 Ranch Rd 965
Fredericksburg TX 78624

Application Rules

1. All application information must be completed or the application is subject to rejection.
2. Application must be signed by the applicant.
3. Application must be for one (1) route only.
4. Application must unambiguously identify the submitted route.
5. Application may be withdrawn in writing by the applicant at any time.
6. If an application for HRD is declined, the route may not be resubmitted for HRD for a period of one (1) year after the final application decision is communicated to the public.

Applicant Information:

Name:
Street Address:
City/State/Zip
Phone:
Email:

General Route Information

Please include with this application topo(s), photos or other documentation to unambiguously identify the route and, if applicable, its existing fixed protection.

Route Name:
Grade:
Dome/Area
Specific Location:
Nearest Route:

Route Establishment Information

Please detail as much pertinent information about the establishment of the route as possible. Particularly important information includes first ascent party name(s), date, style and technique, etc.

It is understood that specifics to some of these details were not documented and may not be possible to ascertain with precision. Please be as thorough as possible. Note: Exact dates may not be known. An acceptable alternative would be the month or season and year.

First Ascension(ist) Party:
Date:
History & manner of Route Establishment (i.e. style, tooling, techniques, etc.):
Any other pertinent information:
Please indicate whether you have <input type="checkbox"/> Top Roped or <input type="checkbox"/> Led the Route
Please detail any other personal history with this route:

Signature

Date