BOA SIGN REVIEW COVERSHEET

CASE: C16-2021-0001

BOA DATE: January 11th, 2021

ADDRESS: 2402 Guadalupe St OWNER: Kate Ontes <u>COUNCIL DISTRICT</u>: 9 <u>AGENT</u>: Claudia Alejandra Salguero $C_{-1/1}$

ZONING: CS-CO-NP (West University NP)

LEGAL DESCRIPTION: LOT 1 *& S.67 FT OF LOT 2 OLT 49 DIVISION D

VARIANCE REQUEST: allow for illumination of two (2) wall signs and two (2) projecting signs

<u>SUMMARY</u>: provide signage for CVS pharmacy

ISSUES: high traffic area

	ZONING	LAND USES
Site	CS-CO-NP	General Commercial Services-Conditional
		Overlay
North	CS-CO-NP	General Commercial Services-Conditional
		Overlay
South	CS-CO-NP	General Commercial Services-Conditional
		Overlay
East	CS	General Commercial Services
West	CS-NP	General Commercial Services

NEIGHBORHOOD ORGANIZATIONS:

Austin Independent School District Austin Lost and Found Pets Austin Neighborhoods Council **Bike** Austin CANPAC (Central Austin Neigh Plan Area Committee) Central Austin Community Development Corporation Central Austin Urbanists Friends of Austin Neighborhoods Homeless Neighborhood Association My Guadalupe Neighborhood Empowerment Foundation Preservation Austin **SELTexas** Shoal Creek Conservancy Sierra Club, Austin Regional Group University Area Partners West Campus Neighborhood Association

Board of Adjustment Sign Variance Application

WARNING: Filing of this appeal stops all affected construction activity.

This application is a fillable PDF that can be completed electronically. To ensure your information is saved, <u>click here to Save</u> the form to your computer, then open your copy and continue.

The Tab key may be used to navigate to each field; Shift + Tab moves to the previous field. The Enter key activates links, emails, and buttons. Use the Up & Down Arrow keys to scroll through drop-down lists and check boxes, and hit Enter to make a selection.

The application must be complete and accurate prior to submittal. All information is required (if applicable).

For Office Use Only

Case #	ROW #		Tax #
Section 1: Appli	cant Statemer	nt	
Street Address: <u>2402 (</u> Subdivision Legal Desc	ription:		
		Book ver 1	ck(s):
Outlot:			ision:
Zoning District:			
/We <u>Claudia Alejandra</u>	Salguero		on behalf of myself/ourselves as
authorized agent for	Santech Sign		affirm that on
Month September	, Day 14	, Year 2020	, hereby apply for a hearing before th
Board of Adjustment	for consideration t	to (select approp	priate option below):
			○ Maintain ○ Other:
Type of Sign:	2 illum	ninated wall sig	ns and 2 illuminated projecting signs

§ 25-10-133 - UNIVERSITY NEIGHBORHOOD OVERLAY ZONING DISTRICT SIGNS.

(H)A sign may not be illuminated or contain electronic images or moving parts.

Section 2: Variance Findings

The Board must determine the existence of, sufficiency of, and weight of evidence supporting the findings described below. In order to grant your request for a variance, the Board must first make one or more of the findings described under 1, 2, and 3 below; the Board must then make the finding described in item 4 below. If the Board cannot make the required findings, it cannot approve a sign variance.

Therefore, you must complete each of the applicable Findings Statements as part of your application. Failure to do so may result in your application being rejected as incomplete. Please attach any additional supporting documents.

I contend that my entitlement to the requested variance is based on the following findings:

1. The variance is necessary because strict enforcement of the Article prohibits any reasonable opportunity to provide adequate signs on the site, considering the unique features of the site such as dimensions, landscaping, or topography, because:

This business is located in a high traffic part of downtown. Drivers and pedestrian need to able to easily find this business at night time especially because this a pharmacy. An illuminated sign will not only benefit this business to be able to have the opportunity to have a successful future, but it will also benefit potential customers while trying to find this pharmacy. If the customers are able to see the signs ahead they will easily be able to located it while driving or walking.

__OR__

2. The granting of this variance will not have a substantially adverse impact upon neighboring properties, because:

n/a

__OR__

3. The granting of this variance will not substantially conflict with the stated purposes of this sign ordinance, because:

n/a

AND,

4. Granting a variance would not provide the applicant with a special privilege not enjoyed by others similarly situated or potentially similarly situated, because:

without an illuminated sign, a freestanding sign or a roof sign customers will have a extremely hard time trying to located this pharmacy. This is a very high traffic area especially at night time, and seeing ahead the illuminated signs will give the customers time ahead to make the necessary arrangements to get to the pharmacy in the safest way as possible while walking or driving.

Section 3: Applicant Certificate

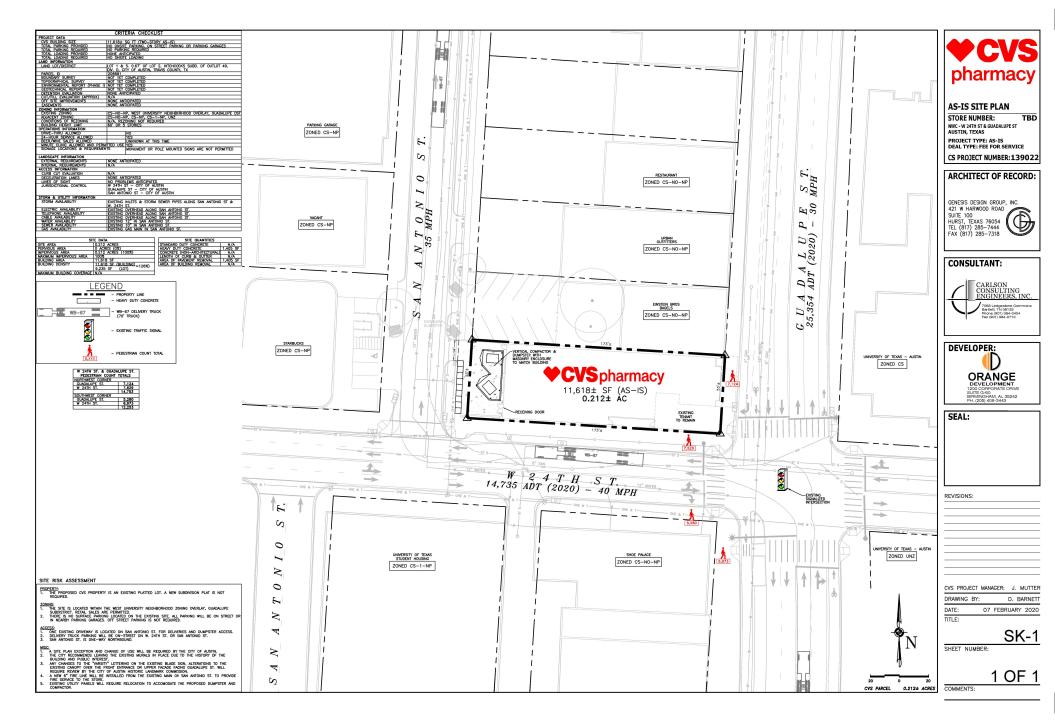
I affirm that my statements container my knowledge and belief.	ed in the complete a	pplication are true	and correct to the best of
Applicant Signature: Claudia Alejar	Date: 08/01/2020		
Applicant Name (typed or printed):	Claudia Alejandra S	Salguero	
Applicant Mailing Address: 15300 C	hamberlain Ct		
City: Austin		State: <u>TX</u>	Zip: 78724
Phone (will be public information): _	512-373-5023		
Email (optional – will be public inform	mation):		
Section 4: Owner Certific	ate		

I affirm that my statements contained in the complete application are true and correct to the best of my knowledge and belief.

Owner Signature: Kate Onter On		Date:
Owner Name (typed or printed): Owner Mailing Address: 5929 5. W. 1st Cou)	
	IA	17 17
City: Cape Caval	State: FL.	Zip: 33914
Phone (will be public information): 561-762-5703	>	255
Email (optional – will be public information):		
Section 5: Agent Information		

Agent Name: <u>Claudia Alejandra Salguero</u>		
Agent Mailing Address: <u>15300 Chamberlain Ct</u>		
City: Austin	State: TX	Zip: <u>78724</u>
Phone (will be public information):		
Email (optional – will be public information):		





Proposed Signs

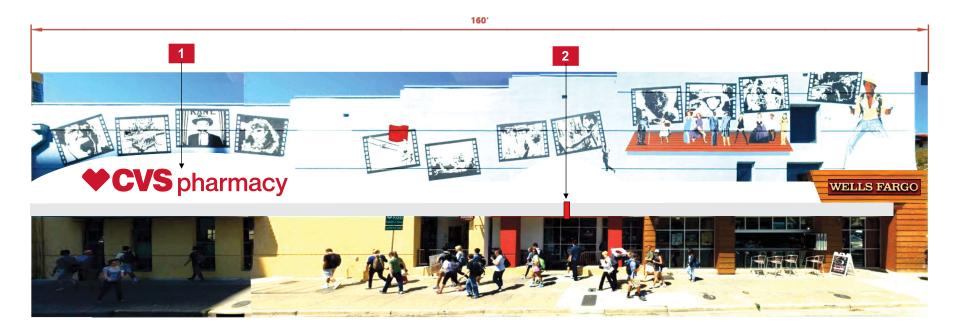
Sign#	Proposed	QTY	SQ FT
S1	IL-45-CL-L - Illuminated Letters	1	133.06
S2	D/F Blade Sign	1	
S3	Large D/F Blade Sign	1	
S4	Face Replacements	1	
S5	Heroic Heart S/F Cabinet	1	
S6	IL-39-CL-L - Illuminated Letters	1	101.0
S 7	Heroic Heart S/F Cabinet	1	

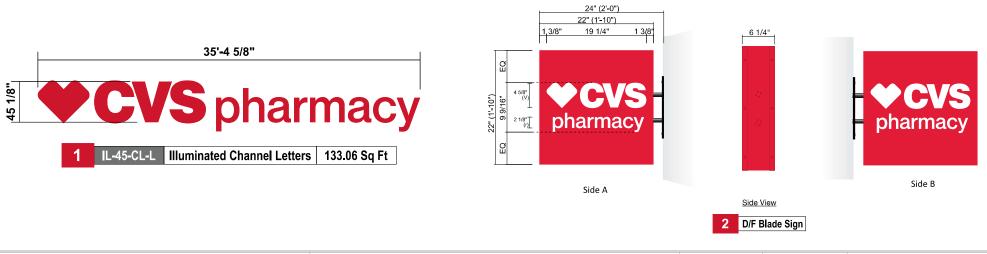


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National Headquarters: 1077 West Blue Heron Blvd.
West Palm Beach, Florida 33404
800.772.7932
www.atlasbtw.com

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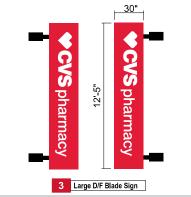
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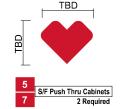








Push Thru Face Replacements Survey required to determine the final application. "Wells Fargo" face to remain.



self contained "Heroic Heart" to be installed on to canopy with foot angles and kickbacks similar to existing



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