



## CITY OF AUSTIN

### Development Services Department

One Texas Center | Phone: 512.978.4000

505 Barton Springs Road, Austin, Texas 78704

# Board of Adjustment Sign Variance Application

## Submittal Requirements

Failure to submit all the required materials will result in non-acceptance of the application.

**NOTE: All variances expire one year after approval date as stated in the City of Austin Land Development Code Section 25-1-217 unless Board decision states otherwise.**

Additional information to be submitted with completed application:

### 1. Site Plan

Must be drawn to scale, indicating present and proposed construction and location of existing structures on adjacent lots.

In addition to the site plan required, all Sign Variance cases must submit site plans drawn to scale, showing sign location and elevation of proposed sign.

### 2. Application Fee

See Residential and Commercial Sign fees at <http://www.austintexas.gov/department/fees>.

### 3. Austin Energy Approval

The Austin Electric Utility Department (Austin Energy) enforces electric easements and the setback requirements set forth in the Austin Utility Code, Electric Criteria Manual, and National Electric Safety Code. The Board of Adjustment considers variance to the Land Development Code, and a variance granted by the Board of Adjustment does not waive the requirements enforced by Austin Energy. Prior to your variance hearing, you must receive approval from Austin Energy by contacting Eben Kellogg at (512) 322-6050 or email [eben.kellogg@austinenergy.com](mailto:eben.kellogg@austinenergy.com).

### 4. Williamson County

If property is located in Williamson County, then contact Williamson County Appraisal District for an electronic spreadsheet list of the property owners' names and addresses within a 500-foot radius.

Please be advised that the Board only reviews 16 new cases per month, therefore, applications will be accepted on a first come, first served basis. In addition, a request for reconsideration of any Board action must be filed within 10 days from the Board meeting/action.

### Board of Adjustment staff

City of Austin – Development Assistance Center  
505 Barton Springs Road, Austin, Texas 78704  
Phone: (512) 978-4000; Fax: (512) 974-6305

# 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, [click here to Save](#) 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 # _____
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## Section 1: Applicant Statement

Street Address: \_\_\_\_\_

Subdivision Legal Description:

\_\_\_\_\_  
\_\_\_\_\_

Lot(s): \_\_\_\_\_ Block(s): \_\_\_\_\_

Outlot: \_\_\_\_\_ Division: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Sign District: \_\_\_\_\_

I/We \_\_\_\_\_ on behalf of myself/ourselves as

authorized agent for \_\_\_\_\_ affirm that on

Month \_\_\_\_\_, Day \_\_\_\_\_, Year \_\_\_\_\_, hereby apply for a hearing before the

Board of Adjustment for consideration to (select appropriate option below):

Erect  Attach  Complete  Remodel  Maintain  Other: \_\_\_\_\_

Type of Sign: \_\_\_\_\_

Portion of the City of Austin Land Development Code applicant is seeking a variance from:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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:

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—OR—

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

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—OR—

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

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**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:

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### Section 3: Applicant Certificate

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name (typed or printed): \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (will be public information): \_\_\_\_\_

Email (optional – will be public information): \_\_\_\_\_

### Section 4: Owner Certificate

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

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Name (typed or printed): \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (will be public information): \_\_\_\_\_

Email (optional – will be public information): \_\_\_\_\_

### Section 5: Agent Information

Agent Name: \_\_\_\_\_

Agent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (will be public information): \_\_\_\_\_

Email (optional – will be public information): \_\_\_\_\_