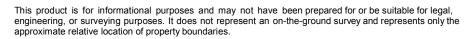




CASE#: C16-2018-0005

LOCATION: 9910 SLAUGHTER CREEK DR





This product has been produced by CTM for the sole purpose of geographic reference. No warranty is made by the City of Austin regarding specific accuracy or completeness.



B01/2

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: Applicant Statement** Street Address: 9910 Slaughter Creek Drive, Austin, TX 78748 Subdivision Legal Description: LOT 1 BLK A TANGLEWOOD SELF STORAGE LOT 1 MALONE ADDITION SEC 7 LOT 1 & 2 MALONE ADDN NO 2 AMENDED Lot(s): 1 Block(s): A Outlot: _____ Division: Malone Addition No. 2 Zoning District: CS-CO Sign-District: Scenic-Roadway I/We J. Charley Schalliol (SES) on behalf of myself/ourselves as authorized agent for Extra Space Storage _____affirm that on , Year 2018 , hereby apply for a hearing before the , Day 29 Month August Board of Adjustment for consideration to (select appropriate option below): ○ Erect ○ Attach ○ Complete ○ Remodel ● Maintain ○ Other: Type of Sign: Freestanding Portion of the City of Austin Land Development Code applicant is seeking a variance from: SS 25-10-124 (Scenic Roadway Sign District Regulations)(B)(1)(b), SS 25-10-124 (Scenic Roadway Sign District Regulations)(B)(2), SS 25-10-124 (Scenic Roadway Sign District Regulations)(F)

B01/3

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:
<u>s</u>	ee Attached
	DR— The granting of this variance will not have a substantially adverse impact upon neighboring
<u>s</u>	properties, because: ee Attached
-	
	DR— The granting of this variance will not substantially conflict with the stated purposes of this sign
	ordinance, because:
0	ee Attached .
AN	
4.	Granting a variance would not provide the applicant with a special privilege not enjoyed by others similarly situated or potentially similarly situated, because:
S	ee Attached
_	

B01/4

Section 3: Applicant Certificate

my knowledge and belief.			
Applicant Signature:	T-TANK MINISTER OF A TANK A	Date: <u>08/21/2018</u>	
Applicant Name (typed or printed): J. Charley Schallio		2.00	
Applicant Mailing Address: 6001 Nimtz Parkway			
City: South Bend	State: IN	Zip: 46628	
Phone (will be public information): (888) 660-1838	***************************************		
Email (optional – will be public information):			
Section 4: Owner Certificate			
I affirm that my statements contained in the complete a my knowledge and belief.	application are true an	d correct to the best of	
Owner Signature:	* 1	Date:	
Owner Name (typed or printed):			
Owner Mailing Address:			
City:			
Phone (will be public information):			
Email (optional – will be public information): SEE ATT			
Section 5: Agent Information			
Agent-Name: <u>JCharley-Schalliol</u>			
Agent Mailing Address: 6001 Nimtz Parkway			
City: South Bend			
Phone (will be public information): (888) 660-1838		THE TRANSPORT WATER	
Email (optional – will be public information):			

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

SAVE

C16-B01/5

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: 08/21/2018 Applicant Name (typed or printed): J. Charley Schalliol Applicant Mailing Address: 6001 Nimtz Parkway City: South Bend State: IN Zip: 46628 Phone (will be public information): (888) 660-1838 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: State: _____ Zip: ____ City: _____ Phone (will be public information): Email (optional – will be public information): SEE ATTACHED **Section 5: Agent Information** Agent Name: J. Charley Schalliol Agent Mailing Address: 6001 Nimtz Parkway City: South Bend State: IN Zip: 46628 Phone (will be public information): (888) 660-1838 Email (optional – will be public information):

SAVE

: . : 7 .

C16-B01/6

Section 3: Applicant Certificate

Applicant Signature:		Date:
Applicant Name (typed or printed):		
Applicant Mailing Address:		
City:		
Phone (will be public information):		
Email (optional – will be public information):		
Section 4: Owner Certificate		
I affirm that my statements contained in the complete a my knowledge and belief.	application are true a	and correct to the best of
Owner Signature:		Date: _9/5/2018
Owner Name (typed or printed): RYAN ZIMMERMAN		
Owner Mailing Address: 2795 E. Corrowhoods Ru	NY SHITTE 300	
City: SALT LAKE CITY		
Phone (will be public information): 80/-365-4503		
Email (optional – will be public information):		
Section 5: Agent Information		
Agent Name:		
Agent Mailing Address:		
City:		
Phone (will be public information):		
Email (optional – will be public information):		

SAVE

Ms. Leane Heldenfels
City of Austin, BOA
505 Barton Springs Road
Austin, TX 78704
RE: Extra Space Storage – 9910 W. Slaughter Creek Drive
Ms. Heldenfels:
Enclosed in this UPS package are (6) copies of a completed Board of Adjustments application, the filing fee, and all (I believe) necessary information for the Extra Space Storage property that is located at 9910 W. Slaughter Creek Drive, Austin, TX.
The variances that are requested would allow a sign to remain at its current size, height, and location without alteration. The sign that is requested is outside the limits of code and therefore requires BOA approval to remain.
I appreciate all the assistance to date with this matter and would be more than willing to supply any additional information if requested.
Thank you for your time and consideration with this matter.
Sincerely,
J. Charley Schalliol
SES
888-660-1838

September 6, 2018



Submittal

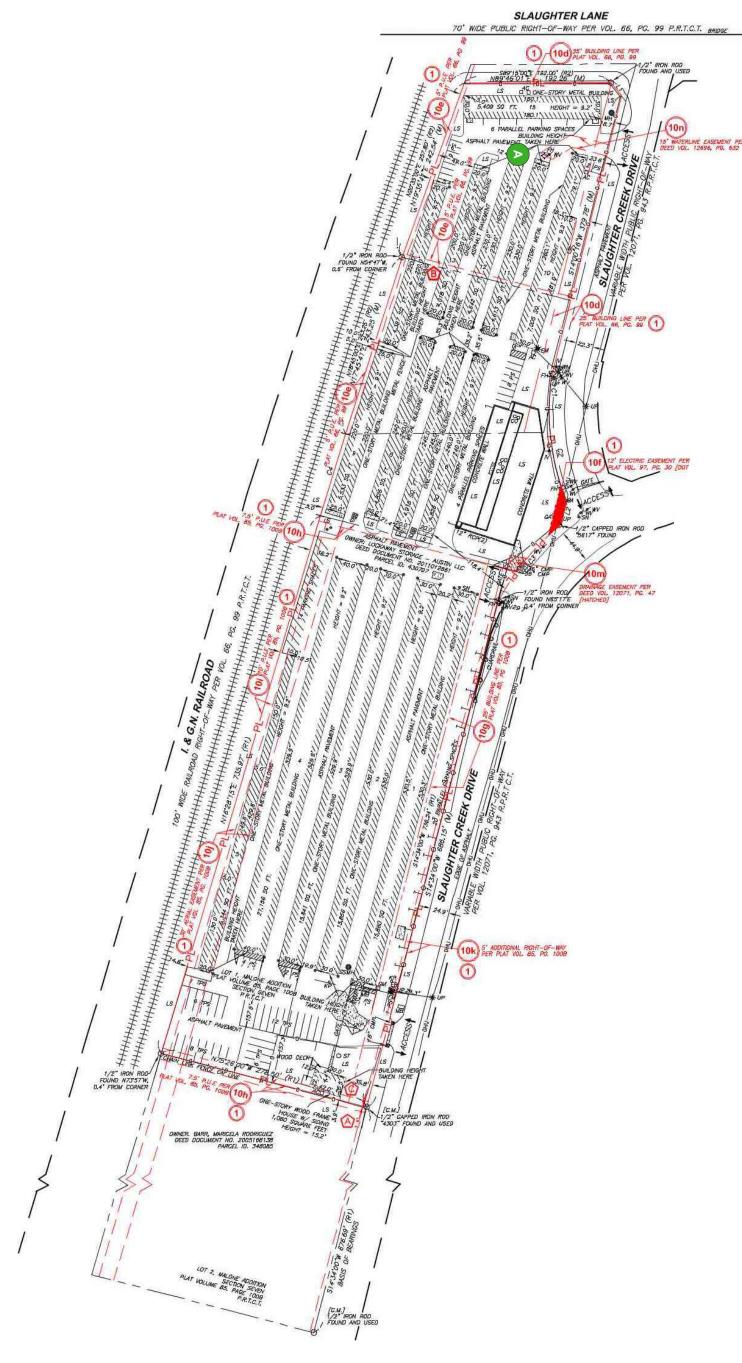
Extra Space Storage # 1795 9910 Slaughter Creek Drive Austin, TX 78748

September 6, 2018

Site Plan

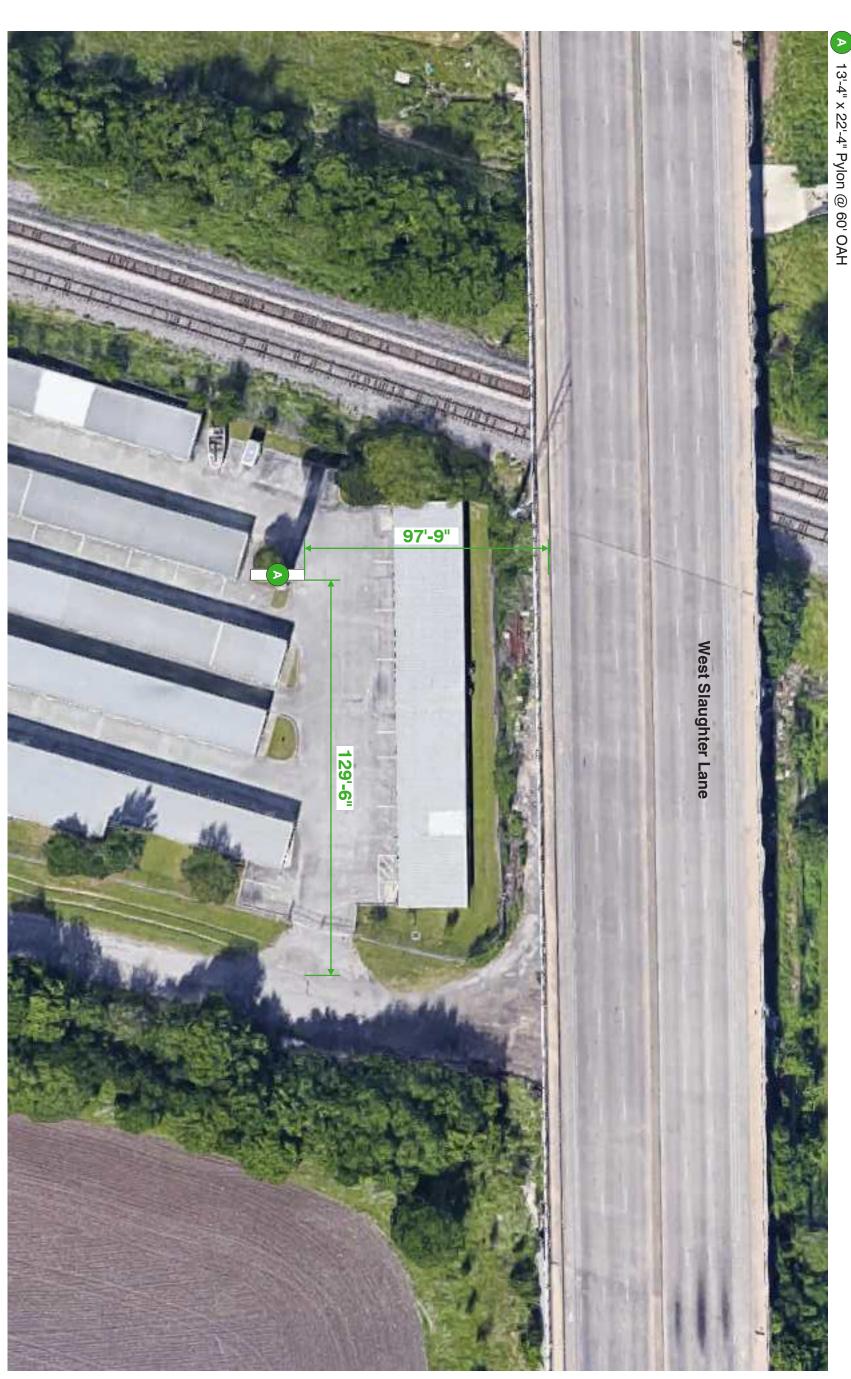
9910 Slaughter Creek Drive, Austin, TX 78748

A) 13'-4" x 22'-4" Pylon @ 60' OAH





Sign Setbacks





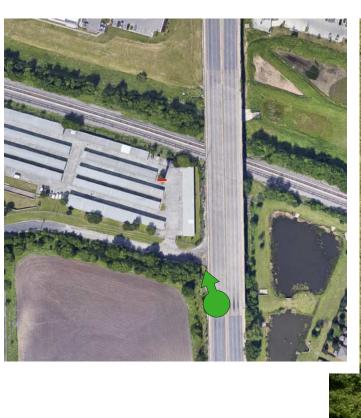
Page 3 of 8

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Path of Travel

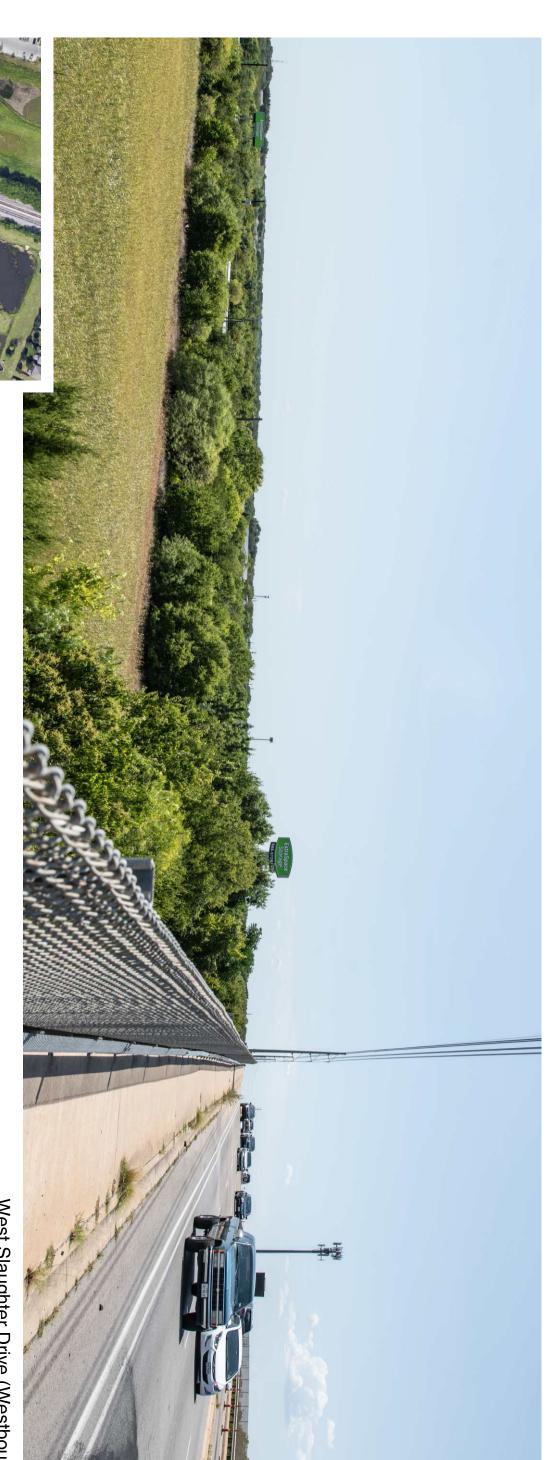
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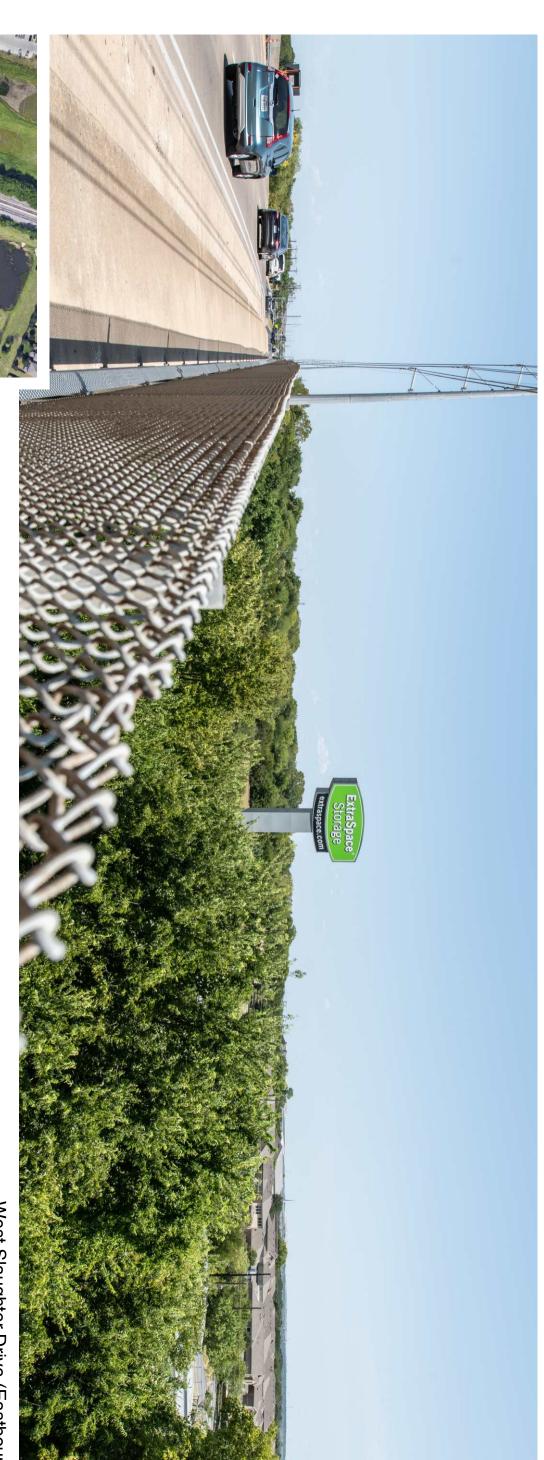
www.sesbranding.com



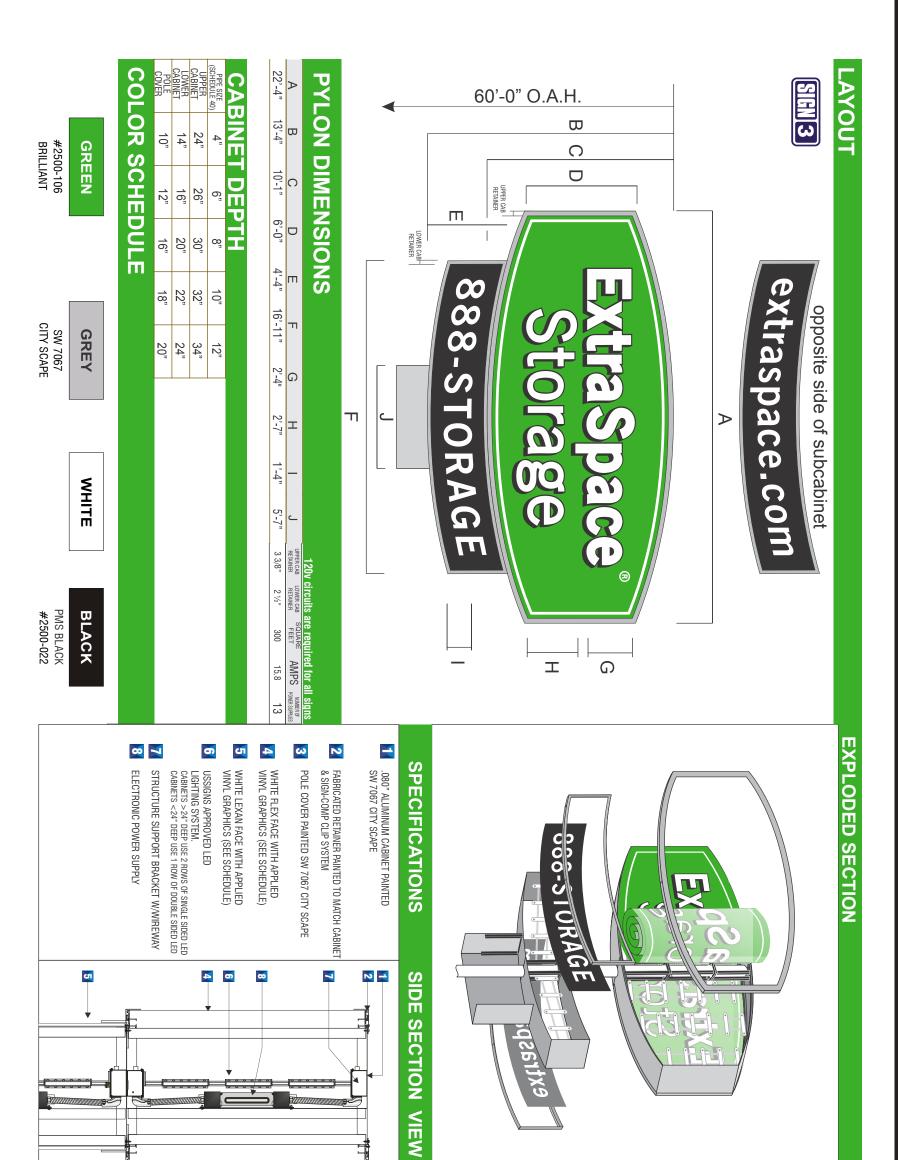
West Slaughter Drive (Westbound)



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West Slaughter Drive (Eastbound)



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60'-0" O.A.H.

13'-4" 10'-1" 6'-0"

9910 Slaughter Creek Drive, Austin, TX 78748

· CAP RING WELD (R1W)

UPPER PIPE (UP Ø)

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ELEVATION