

CITY OF PFLUGERVILLE
201-B EAST PECAN ST.
PHONE: (512) 990-6300
FAX: (512) 990-4374



BUILDING INSPECTIONS
PO BOX 589 / 78691
PFLUGERVILLE, TEXAS 78660
www.pflugervilletx.gov

APPLICATION FOR COMMON SIGNAGE PLAN

PERMIT NO. _____

APPLICANT:		EMAIL:
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	CELL:	FAX:

CONTRACTOR:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	CELL:	FAX:

PROPERTY OWNER:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

SIGN LOCATION ADDRESS:

STREET ADDRESS: _____ ZONED _____

LOT _____ BLOCK _____ SUBDIVISION _____ SECTION _____ PHASE _____

MAXIMUM TOTAL SIGN AREA PER ZONE LOT (TABLE B)

THE MAXIMUM TOTAL AREA OF ALL SIGNS ON A ZONE LOT EXCEPT INCIDENTAL, BUILDING MARKER, IDENTIFICATION SIGNS, AND FLAGS, SHALL NOT EXCEED THE LESSER OF THE FOLLOWING METHODS:

MAXIMUM NUMBER OF TOTAL SQUARE FEET _____ WITH 25% BONUS _____

PERCENTAGE OF GROUND FLOOR AREA OF PRINCIPLE BUILDINGS _____ WITH 25% BONUS _____

SQUARE FEET OF SIGNAGE PER LINEAR FOOT OF STREET FRONTAGE _____ WITH 25% BONUS _____

FREE STANDING SIGN(S)

ALL FREE STANDING SIGNS MUST BE FRAMED IN A MASONRY STRUCTURE OF AT LEAST 50% GREATER SQUARE FOOTAGE THAN THE TOTAL SQUARE FOOTAGE OF THE FACE OF THE SIGN.

SETBACK FROM PROPERTY LINE (FEET): _____

DIMENSIONS OF SIGNS SURFACE AREA (SQ. FT.) _____ HEIGHT OF SIGN (FEET) _____

ILLUMINATION: _____ NONE _____ EXTERNAL _____ INTERNAL

CITY OF PFLUGERVILLE
201-B EAST PECAN ST.
PHONE: (512) 990-6300
FAX: (512) 990-4374



BUILDING INSPECTIONS
PO BOX 589 / 78691
PFLUGERVILLE, TEXAS 78660
www.pflugervilletx.gov

WALL SIGNS

PERCENTAGE OF INDIVIDUAL WALL SIGN TO UNIT OR SUITE WALL AREA _____

PERCENTAGE OF TOTAL WALL AREA _____

ILLUMINATION: ___NONE ___EXTERNAL ___INTERNAL

THIS APPLICATION MUST BE ACCOMPANIED BY:

- A. WRITTEN CONSENT SIGNED BY THE PROPERTY OWNER AUTHORIZING ERECTION OF THIS SIGN.
- B. PLANS AND SPECIFICATIONS DRAWN TO SCALE WITH ENOUGH DETAIL TO SHOW THAT THE SIGN WILL CONFORM TO THE REQUIREMENTS OF THE SIGN ORDINANCE.
- C. PAYMENT OF THE PERMIT FEE

SIGNATURE OF APPLICANT: _____

PRINT NAME: _____

RECEIVED BY: _____ DATE: _____ DATE ISSUED: _____
FOR CITY USE ONLY

Check #: _____