

**APPLICATION FOR SITE PLAN APPROVAL FOR OFF-PREMISE SIGN  
CITY OF WICHITA FALLS, TEXAS**

(to be attached to a Building Permit Application)

Applicant\_\_\_\_\_

Site Address\_\_\_\_\_

Site Legal Description\_\_\_\_\_

The proposed sign must meet requirements below (check each item):

**A. Sign Classification:**

☐ Off-Premise Class I -face exceeds 100 square feet. Sign shall be setback 25 feet from the front (or side street) property line.

☐ Off Premise Class II - face is less than 15 square feet, containing directional information only, directing traffic to a location less than 5 blocks away. Sign shall be setback 10 feet, with a maximum height of 10 feet. Sign must meet state separation requirements.

**B. Sign Location:**

**Class I and Class II signs**

☐ The proposed sign is more than 200 feet from the nearest residential use or residential zoning district.

☐ A site plan **DRAWN TO SCALE** showing lot boundaries and sign location is attached. Sign will be measured from the nearest part of the sign to the property line.

☐ A copy of the State Permit is attached (if applicable).

**C. Class I Off-Premise sign:**

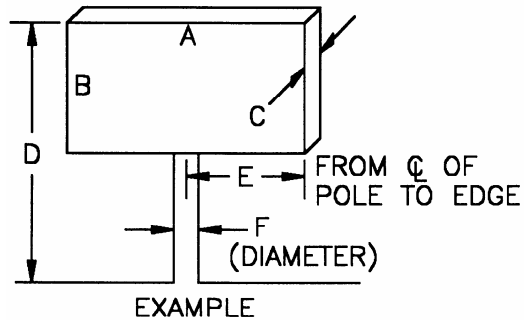
☐ The proposed sign is more than 500 feet (radial measurement) from another off-premise sign. Measure from the nearest point on the signs.

☐ The proposed sign is more than 1500 feet (linear measurement) from the nearest off-premise sign on the same side of the street.

☐ I certify that I am the owner of this property, or a copy of the property lease is attached.

[ ] The proposed sign shall be no smaller than 100 s.f. or larger than 672 square feet. A increase to 807 square feet is permitted allowing for protrusions. Give dimensions on form below.

[ ] Height sign shall be less than 42.5 feet. (see regulations for roof mounted signs)



A=\_\_\_\_\_ B=\_\_\_\_\_ C=\_\_\_\_\_ D=\_\_\_\_\_ E=\_\_\_\_\_ F=\_\_\_\_\_

IF THE SIGN WILL BE CONSTRUCTED OTHER THAN AS ILLUSTRATED, SUBMIT A SEPARATE DIAGRAM SHOWING ALL DIMENSIONS.

### Applicant's certification

I certify the above information is true and correct, and that the sign herein described meets all the requirements of the Wichita Falls Zoning Ordinance.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Name of Business \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Permit** (to be completed by the Planning Office) **NOTE: THIS APPROVAL EXPIRES IN 180 DAYS FROM DATE BELOW.**

[ ] Approved [ ] Disapproved [ ] Conditionally Approved

REMARKS \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_  
Planning Administrator or designee