



DRIPPING SPRINGS
Texas

Open spaces. friendly faces.

Received on/by:

Date, initials

**Application For An
Alternative Standard/Special Exception/Variance/Waiver**

Project Name: Wolfe Physical Therapy 2 Sign Variance

Project Address/Legal Description: 400 W Hwy 290 Ste A Unit 102 Dripping Springs, TX 78620

Project Applicant Name: Dr Thomas Wolfe PT DPT

Mailing Address: 400 W Hwy 290 Ste A Unit 102 Dripping Springs TX 78620

Email Address: [REDACTED]

Phone Number: 737-368-4349

Owner's Name (if different from Applicant): _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Type of Application (check box):

Alternative Standard

Special Exception

Variance

Waiver

Description of request & reference to section of the Code of Ordinances applicable to request: 2nd Sign on side of Building due to renting two spaces with contact information website, phone number

[REDACTED]

* 2nd Sign on side of Building due to renting two spaces with contact information website, phone number

Description of the hardship or reasons the Alternative Standard/Special Exception/Variance/Waiver is being requested: 2nd sign for 1 Business [redacted] side of building

Description of how the project exceeds Code requirements to mitigate or offset the effects of the proposed alternative standard/special exception/variance/waiver: 2nd sign for 1 Business [redacted] side of building

Submittal Checklist:

- Signed and Completed Application
- Required Fee Paid \$0 (Historical District)
reference online **Master Fee Schedule** for more details
- Billing Contact Form
- Exhibits**
- Photographs
- Map/Site Plan
- Architectural Elevation
- Other: _____

Upon submittal of application, a Public Notice sign is **required** to be displayed at the project property within 48 hours (exceptions apply in cases of signage, lighting, exterior design and landscaping applications). Signs can be picked up at the City Offices for a deposit fee of \$100. Once a permit has been issued, signs in good condition can be returned for a \$75 refund.

- Pick up Public Notice Sign, \$100 deposit

All required items and information (including all applicable above listed exhibits and fees) must be received by the City in order for an application and request to be considered complete. **Incomplete submissions will not be reviewed or scheduled for any further action until all deficient items or information has been received.** By signing below, I acknowledge that I have read through and met the above requirements for a complete submittal:

D. [Signature] PT DPT
Signature of Applicant

9/5/25
Date

[Signature] Craig vanEngelen
Signature of Owner (or attached letter of consent)

9-8-25
Date

The undersigned, hereby confirms that he/she/it is the owner of the above described real property and further, that Craig Van Engelen is authorized to act as my agent and representative with respect to this Application and the City's conditional use permit process. (As recorded in the Hays County Property Deed Records, Vol. _____, Pg. _____.)

Caissy Properties LLC

Name

Manager

Title

STATE OF TEXAS

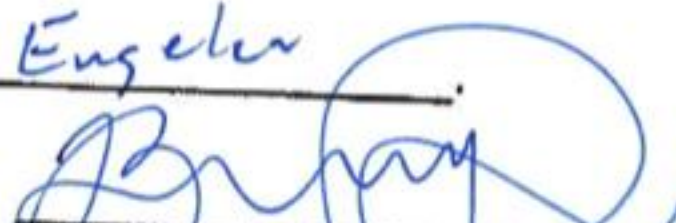
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COUNTY OF HAYS

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This instrument was acknowledged before me on the 17 day of September, 2015 by Craig Van Engelen.


Notary Public, State of Texas

My Commission Expires: July 23, 2018

Thomas Wolfe
Name of Applicant

