

ARCHITECTURAL REVIEW BOARD (ARB) 139 S. Kirkwood Rd., Kirkwood, MO 63122 | (314) 822-5899

ADD and a second and first transfer of the second and the first transfer of the second and the s

ARB approves permit applications for signs in accordance with the City Code of Ordinances. The following information is required for review. Incomplete submittals will not be accepted.

Submittals MUST be turned in by 2:00 pm on the deadline date. Please submit the ten sets in 11" x 17" format.

Ten (10) sets of a Site Plan showing the proposed location of the Sign(s)
Ten (10) sets of Detailed Sign Drawings (showing sign dimensions, material, color, style, lighting, etc.)
Ten (10) sets of photographs of building face and adjacent buildings within 100ft of proposed Sign location
Ten (10) sets of color renderings of sign
Completed Sign Review Application (pages 1 & 2 of this packet)
Completed Building Permit Application

After ARB Review Approval, the Sign Permit shall be obtained within 6 months from the Building Division to install the approved sign. A separate Permit Fee to be paid upon Permit Approval.

Last Date for Submittal* by 2:00 pm	ARB Meeting Date**
December 18, 2023	January 02, 2024***
January 02, 2024***	January 16, 2024***
January 22, 2024	February 05, 2024
February 05, 2024	February 20, 2024***
February 20, 2024***	March 04, 2024
March 04, 2024	March 18, 2024
March 18, 2024	April 01, 2024
April 01, 2024	April 15, 2024
April 22, 2024	May 06, 2024
May 06, 2024	May 20, 2024
May 20, 2024	June 03, 2024
June 03, 2024	June 17, 2024***
June 17,2024***	July 01, 2024

Last Date for Submittal* by 2:00pm	ARB Meeting Date**			
July 01, 2024	July 15, 2024			
July 22, 2024	August 05, 2024			
August 05, 2024	August 19, 2024			
August 19, 2024	September 03, 2024***			
September 03, 2024***	September 16, 2024			
September 23, 2024	October 07, 2024			
October 07, 2024	October 21, 2024			
October 21, 2024	November 04, 2024			
November 04, 2024	November 18, 2024			
November 18, 2024	December 02, 2024			
December 02, 2024	December 16, 2024			
December 23, 2024	January 06, 2025***			

SCHEDULE SUBJECT TO CHANGE

^{*}Date by which application must be submitted for review by Building Division for processing. Incomplete applications will be returned.

^{**}Date application will be presented to ARCHITECTURAL REVIEW BOARD by petitioner.

^{***}If a meeting or deadline falls on a holiday, the date will be the following Tuesday as indicated above.



ARCHITECTURAL REVIEW BOARD SIGN REVIEW APPLICATION

139 S. Kirkwood Rd., Kirkwood, MO 63122 | (314) 822-5899

ARB meetings are held on the 1st & 3rd Mondays (excluding holidays) every month. Applications, required plans, and supporting documents must be turned in on the deadline date by 2:00 pm. Incomplete submittals will not be accepted. Please see checklist for requirements.

PROJECT ADDRESS:				Zone:	
	Is this Property a Local Historic Landmark or in a Local His District?	storic	□ Yes	□ No	
	Is this a New Business?		□ Yes	□ No	
	Has an Occupancy Permit been applied for?		□ Yes	□ No	
Property	Owner Information:				
Name					
E-mail	Phone				
	Is the Owner's written approval for the sign installation incl	uded?	☐ Yes	□ No	
Applican	t Information: ☐ Contractor ☐ Property Owner	□ Ter	nant	☐ Other	
Name		KWD	LIC. NO.		
Address		City/S	tate/Zip		
E-mail		Phone			
Sign Inst	aller Information:				
Business	Name	KWD	LIC. NO.		
			·		
Fees are for ARB <i>review only</i> ; a separate fee is required upon issuance of the Sign Permit. ☐ \$100 Filing Fee ☐ \$240 Sign Review Fee to consider variance from Sign Code due to hardship.					
☐ I have r	ead the Architectural Review and sign regulations of the City	of Kirk	wood.		
☐ I hereby certify that the Owner(s) of Record authorizes the proposed work and I have been authorized by the Owner(s) to make this application as their agent.					
☐ I hereby	certify that the project is located on property I have the lega	al right to	o construct t	he proposed project at.	
☐ I hereby certify that all the information provided is true and accurate to the best of my knowledge and belief and agree to fully comply with the Ordinances of the City of Kirkwood.					
\Box I understand that the applicant or their representative shall attend all meetings.					
Applicant's Signature:					
Applican	t's Printed Name:		Date:		
City Use	Only Date Stamp				
Case #:			Reviev	v Approval:	
Permit #: ARB Ager			Zoning	g Approval:	
Received By: Page 1of 2					

Sign Review Information Worksheet Please complete entirely. Incomplete submissions will be returned for completion.

Type of Sign:	☐ Awning - Canopy☐ Monument	☐ Driveway	☐ Drive-Through ☐ Wall	☐ Marquee ☐ Window	
Exempt Signs (reviewed)): □ Subdivision or Apar	☐ Subdivision or Apartment Complex ☐ Commercial Sign in residential area			
Type of Variance Reques	ted:				
	7	ABLE			
	Maximum Square Fo				
Zone	Max. Sq. Ft.			Max. Sq. Ft.	
B-1 B-2	500	E	3-3 3-4	750	
F-1			3-5 I-1		
	ea for Single Tenant Site: Whots 10 acres or greater shall be				
3.5% x Floor Area:	Max. Sq.Ft.	.9% x Total Lot A	ırea:	Max. Sq.Ft.	
	ea for Single Tenant in Multi Multiple tenant buildings and/o			this type of sign is	
3.5% x Occupied Floor Area:			Max. S	Sq.Ft. of Signage	
Total Existing Gross Sign A	Area:	Sign Wall / Wir	ndow Dimensions:		
			enant Floor Area:		
L. C. A					
		_			
Proposed Sign(s):					
Location	Lenç	Size Length x Width		are Feet	
☐ Front		_ x			
☐ Rear		х			
☐ Side		х			
☐ Other:		х			
□ Other:				_	
		TOTAL			
Existing Sign(s) to remain	1:				
Location	Lenç	Size Length x Width		Total Square Feet	
☐ Front		x			
□ Rear		x			
☐ Side					
☐ Other:		x			
Othor:		_			
- <u> </u>	' ' <u>'</u>	OTAL EXISTING	 817F·		



BUILDING PERMIT APPLICATION

139 S. Kirkwood Rd., Kirkwood, MO 63122 | (314) 822-5823 | www.kirkwoodmo.org

When you are ready for an inspection, please email bldginspections@kirkwoodmo.org to schedule. Provide the following required information: Address, Permit/Application Number, Type of Inspection, and the Date desired. Your request will be processed within 24 hours of your submittal (Monday thru Friday). Please allow a minimum of 48 hours for inspection to be made. If there are any issues or questions, you will be contacted.

PROJECT ADDRESS:	Zone:					
Type of Structure:	☐ Single or Two-Family ☐ Multi-Family Apt/ Condo ☐ Commercial**					
	☐ New Business or Tenant Finish* ☐ Landmark** ☐ Historic District**					
*The following Business Information is	required. Parking Worksheet is required if changing the Business Type or Use to higher parking requirement.					
Proposed Business Type:	Business Name:					
Previous Business Type:	Business Name:					
Type of Permit:	\square Building \square Electrical \square Mechanical \square Plumbing \square Integrated					
Property Owner Information	on:					
Name	Phone					
Address (if different from Project)						
City/State/Zip	E-mail					
Describe Project Work:						
Square Footage:	Cost of Construction: \$					
comply with Kirkwood Ordinan Plumbing Contractors who have	mation provided is true and accurate to the best of my knowledge and belief. I agree to fully ces. I understand that a permit is not effective until signed by Electrical, Mechanical, and we active Contractor's Business Licenses. I hereby certify that the Owner(s) of Record d I have been authorized by the Owner(s) to make this application as their agent.					
I understand that deed restrictions and subdivision indentures may exist on this property, which are not reviewed or enforced by the City of Kirkwood. The City recommends the Property Owner review the deed, subdivision plot, and subdivision indentures, and other property title information before undertaking any construction.						
Applicant Information:	□ Owner □ General Contractor □ Electrical □ Mechanical □ Plumbing					
Business/Applicant Name _	KWD LIC. NO.					
Address	City/State/Zip					
E-mail	Phone					
Applicant's Signature	Date					
City Use Only	Date Stamp					
Permit #: **Zoning Approval: Reviewed By: Notified On:	Permit Fee: \$					

ELE	ECTRICAL PERMIT:						
	lectrical Contractor usiness Name KWD LIC. NO.						
Signature					Phone		
Fixt	ures/Outlets:		Service:				☐ Temp Pole
Loc	ation: Overhead			□ 100 amp	□ 200 an	np ☐ Other	
	□ Panel Repl	acement Only		Phase		Wire	
Insp	pections:	☐ Ground		☐ Rough		☐ Final	
ME	CHANICAL PERMIT:						
	chanical Contractor siness Name				KWD LIC. NO	O	
Sig	nature				Phone		
□ F	Furnace & A/C					Only 🗆 A	
PLU	JMBING PERMIT:						
Interior	Plumbing Contractor Business Name				KWD LIC	. NO	
<u></u>	Signature				Phone		
Exterior	Plumbing Contractor Business Name				KWD LIC	. NO	
Ë	Signature				Phone		
Fixt	ures/Outlets:			□ Wat	ter Heater	☐ Sewer Line	Repair < 140'
	☐ Tap Destroy and Nev	w Water Servic	e - Tap Si	ze:	□ 1"	□ 1.5" □ 2	<u></u>
Insp	pections:	☐ Ground	□ Rougl	h □ Fina	al		
PLU	JMBING PERMIT FOR	R DEMOLITION	N: A demo	lition applica	tion must be	on file to obtain	permit
Digging in City Right-of-Way? □ Yes* □ No *Excavation Permit Required							
Sev	ver Disconnect for De	emolition – Mu	ıst Choose	e One			
☐ Lining Sewer (pre & post video approval required prior to demo) ☐ Capping Sewer at Main							
Water Disconnect for Demolition – Must Choose One							
		□ Re-Using Exi (<i>Water Dept App</i>		□ New red) Time of	Tap at Destroy	□ 1" fee = \$22 □ 2" fee = \$56	5 □ 1.5" fee = \$425 5
Water Source at Demolition Site – Must Choose One							
	∃ Yard Hydrant <i>(See Finan</i>	ce Dept for Billing)	□ Fire F	lydrant □ E	Bringing in Wa	ter □ Approva	I to use Neighbor's