



# ARCHITECTURAL REVIEW BOARD (ARB)

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

*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
- Filing fee to be paid upon submittal for ARB review

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 28, 2020	January 04, 2021
January 11, 2021	January 19, 2021***
January 25, 2021	February 01, 2021
February 08, 2021	February 16, 2021***
February 22, 2021	March 01, 2021
March 08, 2021	March 15, 2021
March 29, 2021	April 05, 2021
April 05, 2021	April 19, 2021
April 19, 2021	May 03, 2021
May 03, 2021	May 17, 2021
May 24, 2021	June 07, 2021
June 07, 2021	June 21, 2021

Last Date for Submittal* by 2:00 pm	ARB Meeting Date**
June 21, 2021	July 06, 2021***
July 06, 2021***	July 19, 2021
July 19, 2021	August 02, 2021
August 02, 2021	August 16, 2021
August 23, 2021	September 07, 2021***
September 07, 2021***	September 20, 2021
September 20, 2021	October 4, 2021
October 4, 2021	October 18, 2021
October 18, 2021	November 01, 2021
November 01, 2021	November 15, 2021
November 22, 2021	December 06, 2021
December 06, 2021	December 20, 2021
December 20, 2021	January 03, 2022

## 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

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*ARB meetings are held on the 1<sup>st</sup> & 3<sup>rd</sup> 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 or Landmark?  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 included?  Yes  No

**Applicant Information:**  Contractor  Property Owner  Tenant  Other

Name \_\_\_\_\_ KWD LIC. NO. \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

### Sign Installer Information:

Business Name \_\_\_\_\_ KWD LIC. NO. \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

**Fees are for ARB review only; 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 read the Architectural Review and sign regulations of the City of Kirkwood.

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 legal right to construct the 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.

I understand that the applicant or their representative shall attend all meetings.

**Applicant's Signature:** \_\_\_\_\_

**Applicant's Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*City Use Only*

*Date Stamp*

Case #: \_\_\_\_\_

Review Approval: \_\_\_\_\_

Permit #: \_\_\_\_\_

ARB Agenda Date: \_\_\_\_\_

Zoning Approval: \_\_\_\_\_

Received By: \_\_\_\_\_

# Sign Review Information Worksheet

Please complete **entirely**. Incomplete submissions will be returned for completion.

**Type of Sign:**                     Awning - Canopy             Driveway                     Drive-Through             Marquee  
     Monument                     Projecting                 Wall                         Window

Exempt Signs (reviewed):         Subdivision or Apartment Complex     Commercial Sign in residential area

Type of Variance Requested: \_\_\_\_\_  
 \_\_\_\_\_

TABLE			
Maximum Square Footage Allowed Per Premises			
Zone	Max. Sq. Ft.	Zone	Max. Sq. Ft.
B-1	500	B-3	750
B-2		B-4	
F-1		B-5	
	I-1		

**Gross Allowable Sign Area for Single Tenant Site:** Whichever percentage is larger, not to exceed 500 square feet per premises. Lots 10 acres or greater shall be allowed maximum sum area of 1,500 square feet.

3.5% x Floor Area: \_\_\_\_\_ Max. Sq.Ft.    .9% x Total Lot Area: \_\_\_\_\_ Max. Sq.Ft.

**Gross Allowable Sign Area for Single Tenant in Multi-Tenant Site:** Maximum gross allowable for this type of sign is 500 square feet premises. Multiple tenant buildings and/or premises may have only one ground sign.

3.5% x Occupied Floor Area: \_\_\_\_\_ Max. Sq.Ft. of Signage

Total Existing Gross Sign Area: \_\_\_\_\_ Sign Wall / Window Dimensions: \_\_\_\_\_  
 Building Floor Area: \_\_\_\_\_ Tenant Floor Area: \_\_\_\_\_  
 Lot Area: \_\_\_\_\_

**Proposed Sign(s):**

Location	Size Length x Width	Total Square Feet
<input type="checkbox"/> Front	_____ x _____	_____
<input type="checkbox"/> Rear	_____ x _____	_____
<input type="checkbox"/> Side	_____ x _____	_____
<input type="checkbox"/> Other: _____	_____ x _____	_____
<input type="checkbox"/> Other: _____	_____ x _____	_____
<b>TOTAL SIZE:</b>		_____

**Existing Sign(s) to remain:**

Location	Size Length x Width	Total Square Feet
<input type="checkbox"/> Front	_____ x _____	_____
<input type="checkbox"/> Rear	_____ x _____	_____
<input type="checkbox"/> Side	_____ x _____	_____
<input type="checkbox"/> Other: _____	_____ x _____	_____
<input type="checkbox"/> Other: _____	_____ x _____	_____
<b>TOTAL EXISTING SIZE:</b>		_____



# BUILDING PERMIT APPLICATION

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When you are ready for an inspection, **please email [bldginspections@kirkwoodmo.org](mailto: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:**       Building       Electrical       Mechanical       Plumbing       Integrated

**Property Owner Information:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address (if different from Project) \_\_\_\_\_

City/State/Zip \_\_\_\_\_ E-mail \_\_\_\_\_

**Describe Project Work:** \_\_\_\_\_

**Square Footage:** \_\_\_\_\_ **Cost of Construction:** \$ \_\_\_\_\_

I hereby certify that all the information provided is true and accurate to the best of my knowledge and belief. I agree to fully comply with Kirkwood Ordinances. I understand that a permit is not effective until signed by Electrical, Mechanical, and Plumbing Contractors who have active Contractor's Business Licenses. I hereby certify that the Owner(s) of Record authorize the proposed work and 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: \$ \_\_\_\_\_

RSNW \$5000 Bond

BMP \$1000 Bond

Total Fee: \$ \_\_\_\_\_

**ELECTRICAL PERMIT:**

Electrical Contractor  
Business Name \_\_\_\_\_ KWD LIC. NO. \_\_\_\_\_  
Signature \_\_\_\_\_ Phone \_\_\_\_\_  
Fixtures/Outlets: \_\_\_\_\_ Service:  Change  New  Temp Perm  Temp Pole  
Location:  Overhead  Underground  100 amp  200 amp  Other \_\_\_\_\_  
 Panel Replacement Only Phase \_\_\_\_\_ Wire \_\_\_\_\_  
Inspections:  Ground  Rough  Final

**MECHANICAL PERMIT:**

Mechanical Contractor  
Business Name \_\_\_\_\_ KWD LIC. NO. \_\_\_\_\_  
Signature \_\_\_\_\_ Phone \_\_\_\_\_  
 Furnace & A/C  Furnace Only  A/C Only

**PLUMBING PERMIT:**

Interior | Plumbing Contractor  
Business Name \_\_\_\_\_ KWD LIC. NO. \_\_\_\_\_  
Signature \_\_\_\_\_ Phone \_\_\_\_\_  
Exterior | Plumbing Contractor  
Business Name \_\_\_\_\_ KWD LIC. NO. \_\_\_\_\_  
Signature \_\_\_\_\_ Phone \_\_\_\_\_  
Fixtures/Outlets: \_\_\_\_\_  Water Heater  Sewer Line Repair < 140'  
 Tap Destroy and New Water Service - Tap Size:  1"  1.5"  2"  
Inspections:  Ground  Rough  Final

**PLUMBING PERMIT FOR DEMOLITION:** A demolition application must be on file to obtain permit

**Digging in City Right-of-Way?**  Yes\*  No \*Excavation Permit Required  
**Sewer Disconnect for Demolition – Must Choose One**  
 Lining Sewer (pre & post video approval required prior to demo)  Capping Sewer at Main  
**Water Disconnect for Demolition – Must Choose One**  
 Tap Destroy at Main  Re-Using Existing Tap  New Tap at  1" fee = \$225  1.5" fee = \$425  
*(Water Dept Approval Required)* Time of Destroy  2" fee = \$565  
**Water Source at Demolition Site – Must Choose One**  
 Yard Hydrant (See Finance Dept for Billing)  Fire Hydrant  Bringing in Water  Approval to use Neighbor's