

**SUMMER
TENNIS SCHEDULE
AND CLASSES**

**WOMAN'S LEAGUE
TUESDAYS & THURSDAYS
MAY 23RD thru SEPTEMBER 5TH
8:00 A.M. TO 9:45 A.M.**

CLASSES

**MONDAY - FRIDAY
9:45 A.M. TO NOON**

**CHILDRENS CLASSES
JUNE 5TH - AUGUST 4TH**

8 & UNDER 9:45 TO 10:45

9 & OLDER 10:45 TO NOON

OFF WEEK OF JULY 4TH



City of Warson Woods

10015 MANCHESTER ROAD • WARSON WOODS, MISSOURI 63122-1825 • 314-965-3100 • 314-965-3102 FAX

REQUEST FOR ZONING APPROVAL - SIGN PERMIT APPLICATION

(CITY CODE - CHAPTER 530, COMPREHENSIVE SIGN CODE)

Request is hereby made to the City Clerk of the City of Warson Woods for approval to:

Erect a Sign _____ Relocate a Sign _____ Alter a Sign _____

Address _____

Sign Owner _____

Premises Owner _____ Address _____ Phone _____

Sign Company _____ Address _____ Phone _____

Type of Sign: Bulletin Board _____ Identification _____ Wall _____

Marquee _____ Free Standing _____ Projecting _____

Monument _____ Other _____

Processing Fee: \$75.00

Is sign within a Shopping Center? Yes _____ No _____

Building or lot frontage _____ Facing Street _____

Width _____ Length _____ Height _____

If Sign is projecting or free standing, what is the distance from ground to bottom of sign? _____

If projecting Sign, how far does it extend beyond the building? _____

What is the distance from the outer edge of Sign to curb line? _____

Does the Sign contain flashers, animators or mechanical movements? _____

Describe construction in terms of composition: _____

I hereby give my consent for the erection of this sign upon the property located at: _____

Owner's/Lessor's Signature

Date

Signature of Applicant

Phone _____

Building Commissioner

Date Approved

WARSON WOODS

APPLICATION FOR MUNICIPAL: (Check One)

- ZONING APPROVAL (Six Sets - Drawings & Site Plan/Boundary Survey)**
 BUILDING PERMIT (Two Set s - Drawings & Site Plan/Boundary Survey)

Owner's Name _____ Address _____ Phone _____
PLEASE PRINT

Contractor's Name _____ Address _____ Phone _____
PLEASE PRINT

Location of Property _____

A. TYPE OF IMPROVEMENT (circle one)
 New Building, Addition, Alteration, Fence

B. DESCRIPTION OF IMPROVEMENT

C. PROCESSING FEE:
\$ 75.00

D. PROJECT DETAILS

1. Type of Construction _____
2. Lot Area, Sq. Ft. _____
3. Floor Areas: (Sq. Ft.) Current Proposed

Basement	_____	_____
Garage	_____	_____
1 st Floor	_____	_____
2 nd Floor	_____	_____
4. Lot Area Occup. by Structure _____
5. Lot Impervious Area _____
6. Masonry % 1st Fl. & Below _____
7. Garage % Front Elevation _____

Applicant Signature _____ Date _____

Notify Owner _____ Contractor _____ when permit has been issued. Phone Number _____

Note: Applicants for building permits to be issued by St. Louis County, Department of Public Works must submit this form together with five (5) copies of the Drawings & Site Plan/Boundary Survey approved, signed, and dated by the Municipal Official to the County's Department of Public works in order to obtain the permits. Applicants may file their application for permit with the County to start the County's review process while they finalize obtaining their Municipal Zoning Approval; however, the permit will not be issued until the Zoning Approval is received. Applicants should verify that the use and building/parking lot configuration on the site is approved by the Municipality before submitting to the County.

OFFICIAL USE ONLY

Zoning Approval

Building Commissioner _____ Date _____

Permit No: _____ Date Issued: _____

Applicant No: _____ Date Issued: _____