

City of Warrenton 200 West Booneslick

Warrenton, MO 63383
Phone: 636-456-3535 Fax: 636-456-1336
www.warrenton-mo.org

PERMIT#_____

Temporary Structure Permit Application

Assembly Date:	Removal Date:		
Applicant's Email:			
Name of Business:			
Type of Business			
Address of Temporary Structure Location:			
Property Owner's Name:	Signa	(Designating permission for structure)	
Property Owner's Address:			
Property Owner's Phone #:			
Temporary Structure Total A	Area (Square Feet):	Type of Structure:	
Zoning District:	Approved by Zoning Officer:	Date:	
Is Warrenton Fire Protection Required?			
Warrenton Fire Protection A	pproval: Date: Appro	oval Letter Attached?	
*There is a \$25.00 fee per temporary structure. * Applications may be faxed to the City for processing at 636-456-1336			
that I am familiar with laws and that the above temporar	ntion and know the contents thereof, certifying the governing the construction and erection of tempory structure will be erected in conformity therewise permit and shall not be located in any require in it is non-transferable.	orary structures within the City of Warrenton ith. This temporary structure will conform to	
Applicant's Signature:		Date:	
Applicant's Name (Printed):			
Applicant's Telephone #:	Applicant's E-mail:		
	FOR CITY USE ONL	Y	
APPROVED	DISPROVED		
Approved By:		Date:	
Reasons for Disapproval:	1. 2.		
DATE BY WHICH TEMPORARY STRUCTURE MUST BE REMOVED: 1			