



1393 Big Bend Road, Suite F • Twin Oaks, MO 63021
(636) 225-7873 • fax (636) 225-6547 • www.vil.twin-oaks.mo.us

BUILDING PERMIT APPLICATION

Date of Application: _____ Project Address: _____

Owners Name: _____ Phone Number: _____

Address: _____ Estimated Project Cost: _____

Check One

- District A - Single Family Residential Dwelling
- District B - Single Family Residential Attached Dwelling
- District C - Planned Shopping Center

Type of Project

- | | | | |
|---|--|--|---------------------------------|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Building Addition | <input type="checkbox"/> Building Alteration | <input type="checkbox"/> Repair |
| <input type="checkbox"/> Replacement | <input type="checkbox"/> Demolition | <input type="checkbox"/> Excavation | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Other _____ | | | |

Work to Be Completed

- | | | | |
|--|--|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Above Ground Pool | <input type="checkbox"/> In Ground Pool | <input type="checkbox"/> Patio | <input type="checkbox"/> Fire Damage |
| <input type="checkbox"/> Fence | <input type="checkbox"/> Interior Finish | <input type="checkbox"/> Shed | <input type="checkbox"/> Fireplace |

Description of Project or Work To Be Completed:

Work Being Completed by: Do It Yourself Outside Contractor

Contractor Name: _____

Address: _____

Phone #: _____

Applicant Signature: _____

Approval _____ Date: _____

For Office Use Only

Application Fee: Residential and Commercial \$25.00

Amount Received: _____ Date Received: _____ Cash/Check #: _____