



# VILLAGE OF TWIN OAKS

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

## “C” COMMERCIAL DISTRICT LIMITED DEVELOPMENT PLAN APPLICATION: REQUIRED INFORMATION/DATA

(Minimum requirements only; additional information may be required in specific cases)

This checklist completed by applicant must be provided along with an application for limited development plan approval and is subject to review by Village staff. Failure to address all of the items below may result in a determination that the application is incomplete and may delay acceptance for Planning and Zoning Commission/Board of Trustees review.

**Please check ✓ box for “provided” or “none/not applicable” for each item listed below. Each item must be addressed.**

	Provided	None/Not Applicable
Name of developer/owner of property .....	<input type="checkbox"/>	<input type="checkbox"/>
Name of professional architect/engineer/land surveyor responsible for preparation .....	<input type="checkbox"/>	<input type="checkbox"/>
Written description of proposed use(s) .....	<input type="checkbox"/>	<input type="checkbox"/>
Sketch plan (building locations/lots/landscaping/proposed signage) .....	<input type="checkbox"/>	<input type="checkbox"/>
Floor areas of existing use(s) .....	<input type="checkbox"/>	<input type="checkbox"/>
Floor areas of proposed use(s) .....	<input type="checkbox"/>	<input type="checkbox"/>
Description of parking needs .....	<input type="checkbox"/>	<input type="checkbox"/>
Proposed site/property improvements .....	<input type="checkbox"/>	<input type="checkbox"/>
Description of products/services to be sold/provided .....	<input type="checkbox"/>	<input type="checkbox"/>
Proposed days and hours of operation .....	<input type="checkbox"/>	<input type="checkbox"/>
Maximum number of employees at any time .....	<input type="checkbox"/>	<input type="checkbox"/>
Anticipated date to begin use .....	<input type="checkbox"/>	<input type="checkbox"/>
Existing uses/tenants .....	<input type="checkbox"/>	<input type="checkbox"/>
Description of uses of adjoining properties .....	<input type="checkbox"/>	<input type="checkbox"/>
Required St. Louis County licenses (copies obtained) .....	<input type="checkbox"/>	<input type="checkbox"/>
Required State of Missouri licenses (copies obtained) .....	<input type="checkbox"/>	<input type="checkbox"/>

The foregoing information is true, correct and complete to the best of my knowledge, information and belief.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Title