



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

APPLICATION FOR RESIDENTIAL OCCUPANCY PERMIT

***** THIS IS NOT A PERMIT! *****

DO NOT OCCUPY THE PREMISES UNTIL A PERMIT IS ISSUED.

All questions must be answered. (Enter N/A if not applicable)

Before this application can be reviewed, a non-refundable fee of \$150.00 should have been paid to the Village of Twin Oaks and an inspection of the premises for change of occupancy should have been completed. If not, these items need to be completed first before reviewing this proposed change in occupancy.

Today's Date: _____

I, _____, request authorization to occupy _____ in the
 (Applicant Name) (Street Address)

Village of Twin Oaks, Missouri _____ as a dwelling on or about _____.
 (Zip Code) (Date)

PRIMARY HEAD OF HOUSEHOLD INFORMATION:

Name:		Home Phone:	
Current Address:		Cell Phone:	
City/State/Zip:		* Email Address:	
Driver's License #:		State Issued:	
Employer:		Occupation:	
** Spouse:		Cell Phone:	
		* Email Address:	
Driver's License #:		State Issued:	
Employer:		Occupation:	

* Please provide email address(es) to receive vital updates and notifications from the Village Office.

** If occupying dwelling unit

ADDITIONAL HOUSEHOLD MEMBERS:

Please list **ALL** persons (including children and/or unrelated persons) who will occupy the dwelling unit.

Name:	Age:	Relationship to Head of Household:	DL #:	Employer:

Total Persons in Household: _____

Total Children in Household: _____

AUTOMOBILES/VEHICLES:

Make/Model:		License Plate #:	
Make/Model:		License Plate #:	
Make/Model:		License Plate #:	

Will you be operating a business from your home? Yes No

If you answered "yes", please provide name and/or description of your business: _____

Type of Structure: Brick Frame Other _____
 (Please specify)

Single Family Two Family Multi-Family

Do you rent or own? (Please check one) Rent Own

Please indicate monthly rent amount \$ _____ or purchase price \$ _____

Name of Real Estate Agency/Owner/Other (specify) _____

Address: _____ Phone #: _____

I CERTIFY THAT I AM THE PROPOSED OCCUPANT AND THAT THE ANSWERS CONTAINED HEREIN ARE TRUE AND ACCURATE IN ALL RESPECTS TO THE BEST OF MY KNOWLEDGE AND BELIEF:

Signature of Applicant(s): _____ Date: _____

Signature of Applicant(s): _____ Date: _____

ALL PERSONS AGE 18 AND OVER INTENDING TO OCCUPY THESE PREMESIS MUST SIGN THIS APPLICATION

 FOR OFFICE USE ONLY

___ AP REC'D ___ DEP REC'D ___ CERT ___ ALL DB UPDATE ___ FILE UPDATE ___ aXs Scan