



CITY OF TWIN OAKS

1393 Big Bend Road, Suite F • Twin Oaks, MO 63021
(636) 225-7873 • fax (636) 225-6547 • www.villageoftwinoaks.org

RESIDENTIAL SIGN PERMIT APPLICATION

A: APPLICANT INFORMATION

Applicant is: Owner Renter

Resident Contact Name: _____ Email: _____

Full Address: _____

Telephone: _____ Cell: _____

B: SIGN DESIGNER OR CONTRACTOR (IF NOT LISTED ABOVE)

Contact Name AND Business Name: _____

Full Address: _____ Email: _____

Telephone: _____ Cell: _____

C: PROPOSED SIGN TYPE AND SPECIFICATION

PERMANENT:

- Directional
- Flag – Governmental & Institutional
- Flag – All Other Locations
- Identification
- Informational

Two (2) Copies Required:

- Scaled colored drawing of proposed sign
- Site plan indicating roadways, parking lots & buildings
- Scaled drawing of building elevations where sign will be placed (wall signs only)
- Drawing or plat survey indicating exact location of sign and setbacks (ground signs only)

TEMPORARY:

- Construction
- Political
- Real Estate
- Special Display
- Yard

Width of Sign: _____ feet

Height of Sign: _____ feet

Sign Size: _____ square feet

Date of display from _____ to _____

D: DECLARATION OF APPLICANT

I, _____ certify that:
Print Name Here

- 1) The information contained in this application; attached schedules; attached plans and specifications; and other attached documentation is true to the best of my knowledge.
- 2) That this application must comply CHAPTER 410: SIGN REGULATIONS of the municipal codes of the City of Twin Oaks and that failure to comply may result denial of a sign permit.

Signature of Applicant

Date

FEE SCHEDULE:

See Section 400.460 Fees and Deposits

----- FOR OFFICE USE ONLY -----

Amount Rec'd: _____ Cash/Check #: _____ Date Rec'd: _____

Application Approved Date: _____
Authorized Signature