



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: _____ ESTIMATED COST OF PROJECT: _____

APPLICANT NAME: _____ CONTACT NUMBER: _____

PROJECT ADDRESS: _____

OWNER'S NAME/ADDRESS: _____

ZONING DISTRICT: _____ ("A" Single Family Residential Dwelling/"B" Single Family Residential Attached Dwelling/"C" Planned Shopping Center)

TYPE OF PROJECT:

New Construction _____ Building Addition _____ Building Alteration _____
Repair _____ Replacement _____ Demolition _____
Evacuation _____ Sign _____ Other _____

WORK TO BE COMPLETED:

Above Ground Pool _____ In-Ground Pool _____ Patio _____
Fire Damage _____ Fence _____ Interior Finish _____
Shed _____ Fireplace _____

DESCRIPTION OF PROJECT AND WORK TO BE COMPLETED:

WORK BEING COMPLETED BY: Yourself _____ Outside Contractor(s) _____

Contractor Name/Address/Phone:

Applicant Signature _____

FOR OFFICE USE ONLY

Application Fee: _____ Amount Received: _____

Date Received: _____ Cash/Check: _____

Municipal Zoning Letter Attached _____