



CITY OF TWIN OAKS

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

COMMERCIAL SIGN PERMIT APPLICATION

A: PROJECT INFORMATION

Business Name: _____

Full Business Address: _____

B: APPLICANT INFORMATION

Applicant is: Owner Authorized agent of owner

Principal Contact Name: _____ Email: _____

Corporation or Partnership Name: _____ Telephone: _____

Full Address: _____ Fax: _____

_____ Cell: _____

C: OWNER (IF DIFFERENT FROM APPLICANT):

Principal Contact Name: _____ Email: _____

Corporation or Partnership Name: _____ Telephone: _____

Full Address: _____ Fax: _____

_____ Cell: _____

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

Principal Contact Name: _____ Email: _____

Corporation or Partnership Name: _____ Telephone: _____

Full Address: _____ Fax: _____

_____ Cell: _____

E: PROPOSED SIGN TYPE AND SPECIFICATION

PERMANENT:

- Directional Sign (ground mounted)
- Directional Sign (wall mounted)
- Ground Sign
- Wall Sign
- Window Sign

Two (2) Copies Required:

- Scaled colored drawing of proposed sign
- Site plan indicating roadways, parking lots and 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:

- Banner Sign
- Flag
- Message Balloon
- Window Sign
- Yard Sign

Width of Sign: _____ feet

Height of Sign: _____ feet

Sign Size: _____ square feet

Date of display:

from _____ to _____

(Limited to one per 30 consecutive day period per calendar quarter)

F: 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.
- 3) Fee/Deposit Schedule see Section 400.460 of the City Code.

Signature of Applicant

Date

FEE SCHEDULE:

Temporary \$ 75.00
 Permanent..... \$100.00

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

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

Application Approved Date: _____

 Authorized Signature