



# VILLAGE OF TWIN OAKS

## 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**

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FOR OFFICE USE ONLY

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

Revised: January 2012