



1393 Big Bend Road, Suite F • Twin Oaks, MO 63021
Phone 636.225.7873 • Fax 636.225.6547

RESIDENTIAL & COMMERCIAL OCCUPANCY APPLICATION

Property Address: _____

Inspection Requested By: (owner/seller or buyer) _____

Address: _____

Phone Number: _____

Fee Received: (date) _____ (amount) _____ (cash or check number) _____

1st Inspection Date: _____ Passed: YES NO 2nd Inspection Date: _____ Passed: YES NO

3rd Inspection Date: _____ Passed: YES NO 4th Inspection Date: _____ Passed: YES NO

Occupancy Inspection: (To be completed by inspector)

EXTERIOR: _____

INTERIOR: _____

PLUMBING: _____

ELECTRICIAL: _____

SIGNAGE (Commercial only): _____

OTHER: _____

PLEASE NOTE: Predications must be corrected and a re-inspection scheduled within 30 days of the original inspection.

Temporary Occupancy Issued: YES NO If Issued Term: (expires) _____

Occupancy Permit:

THIS IS TO CERTIFY THAT PERMISSION FOR OCCUPANCY WAS THIS DAY GRANTED TO:

Owner/Renter: _____

Address: _____

Phone Number: _____

Owner information is required if property is occupied by someone other than the property owner.

Owner: _____

Address: _____

Phone Number: _____

NOTICE: An "Occupancy Use Inspection" has been performed based on Village of Twin Oaks Code. Use of the property for any other purpose than authorized above constitutes a violation of the Village of Twin Oaks Occupancy Code. VIOLATORS WILL BE PROSECUTED ACCORDINGLY.

Occupancy Approval Date: _____

Zoning Administrator