



CITY OF TWIN OAKS

1381 Big Bend Road • Twin Oaks, MO 63021
(636) 225-7873 • fax (636) 225-6547 • www.cityoftwinoaks.com

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 SIGN INSTALLER (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 first, with the MASTER SIGN PLAN of the Development or if not stated in the Master Sign Plan, CHAPTER 410: SIGN REGULATIONS of the municipal codes of the City of Twin Oaks. Failure to comply may result in denial of said sign permit.

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