

## **CITY OF TWIN OAKS**

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

## **COMMERCIAL SIGN PERMIT APPLICATION**

A: PROJECT INFORMATION	
Business Name:	
Full Business Address:	
B: APPLICANT INFORMATION Applica	ant is:
Principal Contact Name:	Email:
Corporation or Partnership Name:	Telephone:
Full Address:	Fax:
	Cell:
C: OWNER (IF DIFFERENT FROM APPLICA Principal Contact Name:	,
	Telephone:
	Fax:
	Cell:
D: SIGN DESIGNER OR SIGN INSTALLER (I	F NOT LISTED ABOVE)
Principal Contact Name:	Email:
Corporation or Partnership Name:	Telephone:
Full Address:	Fax:
	Colli

## **E: PROPOSED SIGN TYPE AND SPECIFICATION**

PERMANENT:		TEMPORARY:		
☐ Directional Sign (gro	ound mounted)	☐ Banner Sign		
☐ Directional Sign (wa		☐ Flag ☐ Message Balloon		
☐ Ground Sign	,			
☐ Wall Sign		☐ Window Sign		
☐ Window Sign		☐ Yard Sign		
Ç				
Two (2) Copies Required:		Width of Sign:	feet	
Scaled colored draw		11 : 14 . 66:	C	
☐ Site plan indicating r	roadways, parking lots	Height of Sign:	feet	
and buildings	uilding alayations	Sion Siza	aguara faat	
☐ Scaled drawing of bu		Sign Size:	square reet	
	laced (wall signs only)	Data of displays		
☐ Drawing or plat surv	setbacks (ground signs	Date of display:		
only)	setbacks (ground signs	from	to	
only)		from(Limited to one per 30 c	_ W	
		period per calendar qua		
F: DECLARATION OF APP	LICANT			
I,	Here	certify that:		
Print Name I	Here			
specifications; an 2) That this applica or if not stated	nd other attached documentate tion must comply first, with in the Master Sign Plan, C	ntion; attached schedules; attain is true to the best of my kn the MASTER SIGN PLAN of HAPTER 410: SIGN REGU Failure to comply may result	owledge. `the Development LATIONS of the	
Signature of Applicant		Date		
	FEE SCHEDU	LE:		
Temporary		\$ 75.00		
Permanent		\$100.00		
	FOR OFFICE USE	ONLY		
Amount Received:	Cash/Check #:	Date Received:		
Application Appropriate				
☐ Application Approved	Date:	Authorized Sign	ature	