



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

RESIDENTIAL OCCUPANCY CERTIFICATE APPLICATION

Residential Occupancy Requirements:

- A new certificate must be issued for every change of owner or tenant
- **An occupancy inspection must be completed; please attach passing documentation to this form**
- All occupants of the residence must be listed, including the relationship to the Primary Owner/Occupant
- A RESIDENCE MAY NOT BE OCCUPIED UNTIL A CERTIFICATE OF OCCUPANCY IS ISSUED; allow up to two weeks for processing

Application Date: _____

I, _____, request authorization to occupy _____ in
(Applicant Name) (Street Address)

the City of Twin Oaks, Missouri _____ as a dwelling on or about _____.
(Zip Code) (Date)

Type of Structure: Single Family Two Family Multi-Family

Do you rent or own? (Please check one) Rent Own

PRIMARY HEAD OF HOUSEHOLD INFORMATION:

Name:		Home Phone:	
Current Address:		Cell Phone:	
City/State/Zip:		* Email Address:	
Employer:		Occupation:	

* Please provide email address to receive vital updates and notifications from the City of Twin Oaks

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:

Total Persons in Household: _____

Total Children in Household: _____

Will you be operating a business from your home? Yes No

If you answered "yes", please provide name and/or description of your business: _____

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