

City Of De Soto

17 Boyd St De Soto, MO 63020

APPLICATION FOR PLAN EXAMINATION AND BILLBOARD PERMIT

Location of Building	Location _____ Zoning _____
	Between _____ and _____
	(Cross Street) (Cross Street)
	Subdivision _____ Lot _____ BLK _____ Lot Size _____
	Ameren/UE Premise Number _____
Parcel Number: _____	

IDENTIFICATION

OWNER

Name: _____ Address: _____
 City: _____ State: _____ Zip Code: _____ Telephone Number: _____
 Email: _____

CONTRACTOR

Name: _____ Address: _____
 City: _____ State: _____ Zip Code: _____ Telephone Number: _____
 Email: _____

ARCHITECT OR ENGINEER

Name: _____ Address: _____
 City: _____ State: _____ Zip Code: _____ Telephone Number: _____
 Email: _____

TYPE AND COST OF BUILDING

BILLBOARD DIMENSIONS	PROPOSED USE RESIDENTIAL	PROPOSED USE COMMERCIAL/INDUSTRIAL	COST
Height: ____ Ft ____ In	<input type="checkbox"/> Single Family	<input type="checkbox"/> Commercial	Cost of Improvement: \$ _____
Length: ____ Ft ____ In	<input type="checkbox"/> Duplex	<input type="checkbox"/> Church	*Items to be installed, but not included in cost of improvement.
Width: ____ Ft ____ In	<input type="checkbox"/> Mult-Family	<input type="checkbox"/> Service Station	
Square Foot Of Face: ____ Ft ____ In	#units _____	<input type="checkbox"/> Store/Retail	*Electrical: \$ _____
	<input type="checkbox"/> Garage	<input type="checkbox"/> Office/Bank	*Other: \$ _____
	<input type="checkbox"/> Carport	<input type="checkbox"/> Professional Use	TOTAL COST: \$ _____
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Educational	
	_____	<input type="checkbox"/> Other _____	
		<input type="checkbox"/> Industrial (Type of Business) _____	

CHARACTERISTICS OF BUILDING

FRAME TYPE

Wood Metal Other _____

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SITE OR PLOT PLAN

(NOTE PERMIT POSTING LOCATION ON DRAWING)
(FOR APPLICANT USE)

VALIDATION

Building Permit Number _____

Building Permit Fee: \$ _____

Total Permit Fee: \$ _____

PAYMENT BOX

Amount Paid \$ _____

Payment type _____

Check # _____

Payment taken by _____

Date _____

Approved By: _____

Date: _____