

# City of De Soto

17 Boyd St De Soto, Missouri 63020

## APPLICATION FOR PLAN EXAMINATION AND BLASTING PERMIT

<b>Location of Building</b>	Location _____ Zoning _____ Between _____ and _____ (Cross Street) (Cross Street) Subdivision _____ Lot _____ BLK _____ Lot Size _____	
<b>IDENTIFICATION</b>		
<b>OWNER</b>		
Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone Number: _____ Email: _____		
<b>BLASTER</b>		
Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone Number: _____ Email: _____		
<b>OTHER INFORMATION</b>		
Name of Insurance Company: _____ Policy Number: _____ Address: _____ Name of Blasters: _____ Certification/License Number: _____ Time of Blasting: _____ AM/PM Do you intend to stock or store any explosives on location? Yes__ No__ If yes please provide the amount and type of explosives, blasting agents or blasting caps. _____ _____ Type of construction magazine or storage place: _____		
<b><i>Each blaster needs to provide current copy of license</i></b>		
<b>PROPOSED USE RESIDENTIAL</b> <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Mulit-Family #units____ <input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Other _____ _____	<b>PROPOSED USE COMMERCIAL/INDUSTRIAL</b> <input type="checkbox"/> Commercial <input type="checkbox"/> Church <input type="checkbox"/> Service Station <input type="checkbox"/> Store/Retail <input type="checkbox"/> Office/Bank <input type="checkbox"/> Professional Use <input type="checkbox"/> Educational <input type="checkbox"/> Other _____ <input type="checkbox"/> Industrial (Type of Business) _____ _____	<b>COST</b> Cost of Improvement: \$ _____ *Items to be installed, but not included in cost of improvement. *Other: \$ _____ TOTAL COST: \$ _____

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**SITE OR PLOT PLAN**  
(NOTE PERMIT POSTING LOCATION ON DRAWING)  
(FOR APPLICANT USE)

VALIDATION	PAYMENT BOX	
Building Permit Number _____ Building Permit Fee: \$ _____	Amount Paid \$ _____	Approved By: _____
Total Permit Fee: \$ _____	Payment type _____ Check # _____ Payment taken by _____  Date _____	Date: _____