

City of De Soto

17 Boyd St De Soto, Missouri 63020

APPLICATION FOR PLAN EXAMINATION AND DECK PERMIT

Location of Building	Location _____ Zoning _____
	Between _____ and _____ (Cross Street) (Cross Street)
	Subdivision _____

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: _____

CHARACTERISTICS OF DECK

PRINCIPAL TYPE OF FRAME

Wood Frame Structural Steel Other _____

PRINCIPAL TYPE OF DECK

Composite Wood Other _____

DECK DEMINSIONS	COST	PROPOSED USE RESIDENTIAL	PROPOSED USE COMMERCIAL/INDUSTRIAL
Number Of Stories: _____ Total Square Feet: _____	Cost of Improvement: \$ _____ *Items to be installed, but not included in cost of improvement. Electrical: \$ _____ Other: \$ _____ TOTAL COST: \$ _____	<input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Mult-Family #units _____ <input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Other _____ _____	<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) _____

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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: _____