

City of De Soto

17 Boyd De Soto, Missouri 63020

APPLICATION FOR PLAN EXAMINATION AND ELECTRIC PERMIT

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

IDENTIFICATION

OWNER

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

CONTRACTOR

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

ELECTRICIAN

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

TYPE AND COST OF BUILDING

PROPOSED USE RESIDENTIAL	PROPOSED USE COMMERCIAL/INDUSTRIAL	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"/> Mobile Home Pedestal <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) _____ _____	Cost of Improvement: \$ _____ *Items to be installed, but not included in cost of improvement. *Electrical: \$ _____ *Other: \$ _____ TOTAL COST: \$ _____

Number Of Panels: _____ Panel Size: _____ Phase: _____ Wire: _____ Volatage _____

Underground Overhead

Type Of Service: Temporary/Permanent Temporary/Pole Upgrade Reconnect
 Relocation Meter Seal Other (Explain) _____

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SITE OR PLOT PLAN

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

VALIDATION	PAYMENT BOX	
Building Permit Number _____ Occupancy Fee: \$ _____ Water Tap Fee: \$ _____ Sewer Tap Fee: \$ _____ Building Permit Fee: \$ _____ Utility Fee: \$ _____ Landscape Deposit: \$ _____	Amount Paid \$ _____ Payment type _____ Check # _____ Payment taken by _____ Date _____	Use Group: _____ Fire Grading: _____ Live Loading: _____ Occupancy Load: _____ Approved By: _____ Date: _____
Total Permit Fee: \$ _____		