

# City of De Soto

17 Boyd St De Soto, Missouri 63020

## APPLICATION FOR PLAN EXAMINATION AND FENCE PERMIT

<b>Location of Building</b>	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 BUILDING

#### MATERIAL

Aluminum     Rod Iron     Vinyl     Wood     Chain Link     Composite     Other \_\_\_\_\_

FENCE DIMENSIONS	PROPOSED USE RESIDENTIAL	PROPOSED USE COMMERCIAL/INDUSTRIAL	COST
Total Linear Feet of Fence: _____ Height: ___ Ft ___ In	<input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Mult-Family <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: \$ _____ Other: \$ _____ TOTAL COST: \$ _____

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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: \_\_\_\_\_