

City of De Soto

17 Boyd St De Soto, MO 63020

APPLICATION FOR PLAN EXAMINATION AND MOBILE HOME PERMIT

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

<p style="text-align: center;">PROPOSED USE RESIDENTIAL</p> <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Multit-Family #units _____ <input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Other _____ _____	<p style="text-align: center;">PROPOSED USE COMMERCIAL/INDUSTRIAL</p> <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) _____	<p style="text-align: center;">COST</p> Cost of Improvement: \$ _____ *Items to be installed, but not included in cost of improvement. *Electrical: \$ _____ *Plumbing: \$ _____ *Heat/Air Cond: \$ _____ *Other: \$ _____ TOTAL COST: \$ _____	<p style="text-align: center;">RESIDENTIAL ONLY</p> Number of Bedrooms _____ Number of Bathrooms: Full _____ Partial _____ <p style="text-align: center;">BUILDING DIMENSIONS</p> Pad Length _____ Width _____ Trailer Length _____ Width _____ Total Square Feet of Floor Area: _____ Total Land Area in Square Feet _____ _____
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CHARACTERISTICS OF BUILDING

PRINCIPAL TYPE OF FRAME

Masonry
 Wood Frame
 Structural Steel
 Reinforced Concrete
 Other _____

PRINCIPAL TYPE OF HEATING FUEL/MECHANICAL

Gas
 Oil
 Electricity
 Coal
 Other _____
 Central Air Conditioning
 Elevator