

City of De Soto

17 Boyd St De Soto, Missouri 63020

APPLICATION FOR PLAN EXAMINATION AND SEWER LATERAL PERMIT

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

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: _____

TYPE AND COST OF IMPROVEMENT

LATERAL DIMENSIONS	PROPOSED USE RESIDENTIAL	PROPOSED USE COMMERCIAL/INDUSTRIAL	COST
Total Length Being Replaced ____Ft ____In	<input type="checkbox"/> Single Family	<input type="checkbox"/> Commercial	Cost of Improvement: \$ _____
Pipe Size: _____	<input type="checkbox"/> Duplex	<input type="checkbox"/> Church	*Items to be installed, but not included in cost of improvement.
Pipe Type: _____	<input type="checkbox"/> Mulit-Family #units _____	<input type="checkbox"/> Service Station	Other: \$ _____
Connection Type: _____	<input type="checkbox"/> Garage	<input type="checkbox"/> Store/Retail	TOTAL COST: \$ _____
Connection Size: _____	<input type="checkbox"/> Carport	<input type="checkbox"/> Office/Bank	
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Professional Use	
		<input type="checkbox"/> Educational	
		<input type="checkbox"/> Other _____	
		<input type="checkbox"/> Industrial (Type of Business) _____	

STREET CUT

Full Cut \$500.00
 Half Cut \$300.00
 Other _____