

City of De Soto

17 Boyd St De Soto, MO 63020

APPLICATION FOR PLAN EXAMINATION AND SHED PERMIT

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

SHED DIMENSIONS	PROPOSED USE RESIDENTIAL	PROPOSED USE COMMERCIAL/INDUSTRIAL	COST
Length: ___ Ft ___ In Width: ___ Ft ___ In Height: ___ Ft ___ In	<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 _____ _____	<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: \$ _____
Shed Location <input type="checkbox"/> Back Yard <input type="checkbox"/> Side Yard			
TYPE <input type="checkbox"/> PREFAB <input type="checkbox"/> STICK BUILT			

CHARACTERISTICS OF BUILDING

PRINCIPAL TYPE OF SHED

Plastic Wood Metal Other _____