

# City of De Soto

17 Boyd St. De Soto, MO 63020

## APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

<b>Location of Building</b>	Address _____	E- Mail Address _____	Zoning _____
	(Cross Street) _____	(Cross Street) _____	
	Subdivision _____	Lot _____	BLK _____
Ameren/UE Premise Number _____			

### IDENTIFICATION

#### OWNER

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

#### CONTRACTOR

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

#### ARCHITECT OR ENGINEER

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

### TYPE AND COST OF BUILDING

TYPE OF IMPROVEMENT	PROPOSED USE RESIDENTIAL	PROPOSED USE COMMERCIAL/INDUSTRIAL	COST
<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration/Remodel <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Wrecking <input type="checkbox"/> Moving/Relocating <input type="checkbox"/> Install Deck/Patio <input type="checkbox"/> Install Pool <input type="checkbox"/> Install Shed <input type="checkbox"/> Install Fence <input type="checkbox"/> Driveway	<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"/> Other _____ _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Church <input type="checkbox"/> Service Station <input type="checkbox"/> Store/Merchantile <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: \$ _____ *Plumbing: \$ _____ *Heat/Air Cond: \$ _____ *Other: \$ _____  TOTAL COST: \$ _____

### 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

<b>BUILDING DIMENSIONS</b>	<b>RESIDENTIAL ONLY</b>	<b>NUMBER OF PARKING SPOTS</b>
Number of Stories _____	Number of Bedrooms _____	Enclosed _____
Total Square Feet of Floor Area: _____	Number of Bathrooms: Full _____	Outdoors _____
Total Land Area in Square Feet _____	Partial _____	

636-586-3326

63-586-3326 (fax)

www.desotomo.com