

City of De Soto

17 Boyd, De Soto MO 63020

APPLICATION FOR PLAN EXAMINATION AND DRIVEWAY 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: _____			
NUMBER OF PARKING SPOTS Enclosed _____ Outdoors _____	PROPOSED USE RESIDENTIAL <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 _____	PROPOSED USE COMMERCIAL/INDUSTRIAL <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 Cost of Improvement: \$ _____ *Items to be installed, but not included in cost of improvement. Other: \$ _____ TOTAL COST: \$ _____
DRIVEWAY DIMENSIONS			
Total Square Feet: _____ Length: _____ Width: _____ Thickness: _____			
PRINCIPAL TYPE OF REINFORCEMENT			
<input type="checkbox"/> Rebar <input type="checkbox"/> Concrete <input type="checkbox"/> Remesh <input type="checkbox"/> Other _____			
PRINCIPAL TYPE OF FINISH			
<input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Other _____			