

# CITY OF DE SOTO

## APPLICATION FOR PERMIT

ZONE	DATE OF APPLICATION	DATE ISSUED	<b>PERMIT NO.:</b>
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NOTE: Check water and sewer tap location

ARCHITECT OR ENGINEER:	
NAME	
ADDRESS	
CITY	STATE
STATE LICENSE NO.	TEL. NO.

BUILDING ADDRESS	
LOT NO.	
SUBDIVISION	
SIZE OF LOT	BLOCK

CONTRACTOR	
NAME	
ADDRESS	
CITY	STATE
ZIP CODE	TEL. NO.

OWNER		
NAME		
MAILING ADDRESS		
CITY	STATE	ZIP CODE
TEL. NO.		

FIRE ZONE	BUILDING HEIGHT
OCCUPANCY GRP	TYPE OF CONSTRUCTION
DESCRIPTION OF WORK	

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL CITY ORDINANCES AND STATE LAWS REGULATING BUILDING CONSTRUCTION.

\_\_\_\_\_  
Owner or Authorized Agent

COMMERCIAL	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>
ONE FAMILY	<input type="checkbox"/>	TWO FAMILY	<input type="checkbox"/>
MULTI-FAMILY	<input type="checkbox"/>	GARAGE	<input type="checkbox"/>
SIGN	<input type="checkbox"/>	POOL	<input type="checkbox"/>

TO BE FILLED OUT BY CITY PERSONNEL ONLY	
VALUATION	BUILDING SQUARE FEET

PLOT PLAN - SHOW EXISTING BUILDINGS AND CIRCLE DIRECTION <b>N S E W</b>
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<b>PERMIT FEES</b>	
Building	_____
Water Tap	_____
Sewer Tap	_____
Plan Review Fee	_____
Inspection Fee	_____
void 90 days from date of issue	<b>TOTAL</b> \$ _____
Approved _____	Date _____
Building Official	