CITY OF DESOTO
SOARING FOR EXCELLENCE

# *BUILDING PERMIT APPLICATION*

COMMERCIAL*:_____ RESIDENTIAL: _____

NEW CONSTRUCTION*:_____ REMODEL: _____

*PDF COPIES OF SITE PLAN AND LANDSCAPE PLAN REQUIRED

DESOTO All-America City 2006

**ADDRESS:** _____
*Project address*

**SUBDIVISION**: _____ **PHASE**: _____ **LOT**: _____ **BLOCK**: _____

**Date of Subdivision Plat:** _____ *(To determine if Park Dedication Fee is received)*

**DESCRIPTION OF WORK:** _____

_____

**AREAS (SQ. FT.):** Living Area: _____ Garage: _____ Porch: _____ Total Area: _____

***FRONT ENTRY GARAGE:** YES _____ NO _____ PD# _____ *(This information obtained from P & Z dept.or zoning of property)*

**MASONRY PERCENTAGE (%):** Front: _____ Rear: _____ Left Side: _____ Right Side: _____

**VALUE OF WORK:** $_____ Outside Storage? Yes _____ No _____ CONST. TYPE: _____

**WATER METER SIZE(s)**: SEWER TAP SIZE: _____ ZONING: _____

**WATER METER(S):** Domestic: _____ Size: _____ Irrigation: _____ Size: _____

**PROPERTY OWNERS PRINTED NAME:** _____

**ADDRESS**: _____ **CITY:** _____

**STATE:** _____ **ZIP:** _____ **PHONE: (_____)** _____

**CONTRACTORS:** **ADDRESS:** **PHONE #:**

**GENERAL:**_____/_____/_____

**ELECTRICAL:**_____/_____/_____

**PLUMBING:**_____/_____/_____

**MECHANICAL:**_____/_____/_____

*I have hereby read and completed this application and know the same is true and correct and hereby agree to comply with all City, State, and Federal laws applicable to my property and project whether herein stated or not. I am the owner or the duly authorized agent of the above described property. Permission is hereby granted to enter this premise and make all investigations and inspections as required.*

**APPLICANT'S PRINTED NAME:** _____
*Company name & name of individual completing form.*

**ADDRESS:** _____

**CITY:** _____ **STATE:** _____ **ZIP:** _____

**PHONE:** _____ **CELL:** _____

**E-MAIL ADDRESS:** _____ **FAX:** _____

**APPLICANT'S SIGNATURE:** _____ **DATE:** _____

FOR OFFICE/PLAN REVIEW

ENGINEERING: _____ DATE: _____ PLANNING: _____ DATE: _____

FIRE MARSHAL: _____ DATE: _____ BLDG. INSP.: _____ DATE: _____

HEALTH: _____ DATE: _____ FEE: $_____