CITY OF DE SOTO
APPLICATION FOR VARIANCE REQUEST

A DETAILED SKETCH OF THE PROPERTY SHOWING THE VARIANCE REQUESTED MUST BE SUBMITTED WITH THE APPLICATION

Date_____

Variance for (side yard, accessory building)_____

Location by Address: _____

Parcel Number: _____

Owner's Name:_____

Address: _____

Phone Number: _____

Reason for Variance Request

_____

_____

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Signature of applicant(s)

_____ _____

PUBLICATION FEE IS THE RESPONSIBILITY OF THE APPLICANT AND MUST BE PAID PRIOR TO THE BOARD OF ADJUSTMENT MEETING.