

**CITY OF DE SOTO**  
**APPLICATION FOR BOUNDARY LINE ADJUSTMENT**

Date: \_\_\_\_\_

Location by Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Second Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Explanation for Boundary Line Adjustment Request**

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**Signature of applicant(s)**

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**PLEASE SUBMIT WITH APPLICATION:** Preliminary Plat that includes properties showing all utilities, easements and alleyways (see sample sketch attached)

Upon approval of the Preliminary Plat, you are required to supply 5 copies of the Final Plat and the Boundary Line Adjustment fee of \$100.00.