

CITY OF DE SOTO
RESUBDIVISION APPLICATION

Date _____

Location by Address _____

Parcel Number _____

Owner's Name _____

Address _____

Phone Number _____

Second Owner _____

Address _____

Phone Number _____

Explanation for Resubdivision Request

Signature of applicant(s)

PLEASE SUBMIT WITH APPLICATION:

- A. Subdivision fee of \$150.00
- B. Preliminary Plat (see sample sketch attached)

Upon review of the Preliminary Plat you will be required to supply 5 copies of the Final Plat