CITY OF DE SOTO
APPLICATION FOR REZONING REQUEST

Date_____

Zone change from_____ **to** _____

Location by Address: _____

Parcel Number: _____

Owner's Name: _____

Address: _____

Phone Number: _____

Second Owner: _____

Address: _____

Phone Number: _____

Reason for Rezoning Request

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature of applicant(s)

_____ _____

_____ _____

PLEASE SUBMIT WITH APPLICATION:

A. Rezoning fee of $100.00
B. A copy of the property survey or plat with legal description