

Applicant Printed Name

APPLICATION FOR APPROVAL OF OPTIONAL LAND STUDY

File No.: Application Date:		P & Z: C C:
Applicant:		
Address: Email Address:		
Engineer:	Phone No.:	
Address:Email Address:	Fax No.:	
Addition or Subdivision Name:	Acres:	Lots:
requirements. 2. Receipt showing that all City of I 3. Submit 21 folded 24 x 36 copies of I 4. Once the Optional Land Survey and 1 - 11 x 17 copy must be subs	1 1 1	ctions made, 12 - 24 x 36 copies
Applicant Signature Date	Owner Signature	Date

 ${\it Property\ owner\ must\ sign\ application\ or\ submit\ letter\ of\ authorization}$

Owner Printed Name

CHECK LIST For OPTIONAL LAND STUDY

For Initial Submittal, please provide:
Completed Application (Including Owner's Signature or letter of authorization)
Appropriate fee to City of Desoto
The original tax certificates, (for City and School taxes) for each lot or tract of land involved in Optional Land Study.
21folded copies (24 x 36) of Optional Land Study for review
Once staff review is complete and corrections are made, please submit:
12 folded copies (24 x 36) of the Optional Land Study 1 copy (11 x 17) of Optional Land Study