



APPLICATION FOR ZONING VERIFICATION LETTER

Applicant: _____ Phone No.: _____

Address of Applicant: _____

Email Address: _____ Fax No.: _____

Address of Property in Question: _____

Address: _____

Lot Number: _____ Block Number: _____

Addition or Subdivision Name: _____ Acres: _____ Lots: _____

FEE: Non-refundable Fee of \$250.00
Fees are due at the time of application submittal

By submitting this application for Zoning Verification letter, I understand the following:

- 1. City of DeSoto has at least ten (10) days to respond to request.

Applicant Signature _____ Date _____

Owner Signature _____ Date _____

Applicant Printed Name _____

Owner Printed Name _____

Property owner must sign application or submit letter of authorization

Received by the City of DeSoto in the amount of \$_____

City Receipt No.: _____ Dated: _____

Agent for City of DeSoto _____



CHECK LIST
For
ZONING VERIFICATION LETTER

For Initial Submittal, please provide:

_____ Completed Application (Including Owner's Signature or letter of authorization)

_____ Appropriate fee to City of Desoto