

CITY OF DE SOTO, IOWA REQUEST FOR ZONING REVIEW

SECTION I: GENERAL INFORMATION:

Project Name:	_____		
Site Location:	_____		
Applicants Name:	_____		
Mailing Address:	_____ _____		
Phone:	_____	Fax:	_____

Property Owner's Name and Mailing Address (if different from Applicant):	

Property Owner's Phone:	_____
Property Owner's Fax:	_____

PROJECT REPRESENTATIVE: Please enter the name of the person (applicant, owner, or member of the development team) who will be the main coordinator of this project. The person named will be the primary person contacted by City staff.

Project Representative's Name:	_____		
Mailing Address:	_____ _____ _____		
Phone:	_____	Fax:	_____

SECTION II: DEVELOPMENT TEAM

ENGINEER:
Contact Person:

Phone: _____ Fax: _____

ARCHITECT:
Contact Person:

Phone: _____ Fax: _____

ATTORNEY:
Contact Person:

Phone: _____ Fax: _____

OTHER:
Contact Person:

Phone: _____ Fax: _____

SECTION III: PROJECT INFORMATION

Provide the following information for all projects:

1. Project Location:
_____ foot N E S W (circle) of the Intersection of _____ and _____
(nearest cross streets)
2. Project / Property Address (if known): _____
3. Existing Comprehensive Plan Designation: _____
4. Proposed Comprehensive Plan Designation (if applicable): _____
5. Existing Zoning Designation: _____
6. Proposed Zoning Designation (if applicable): _____
7. Present Use of Land: _____
8. Proposed Request: _____

9. Project Area: _____ acres or square feet
10. Building Height _____ feet _____ stories

SECTION IV: CERTIFICATION

Part A: Owner's Signature and Consent

I/We, _____ being duly sworn, depose and say that I/we am/are the owner, owners, authorized representative for a corporate owner, person with power of attorney for the owner/owners, or a non residential tenant of said property. I/we personally swear and affirm that this application has been prepared in compliance with the requirements of the City of De Soto Municipal code as printed herein and that the statements and information above referred to are in all respects true and correct to the best of my/our knowledge and belief. Further, I/we hereby submit this rezoning application for review and consideration by the City of De Soto, Iowa in compliance with the requirement of the City of De Soto Municipal Code.

Signature of Legal Property Owner

Date

Part B: Applicant's Signature and Consent

(Use only if the applicant is different from the Non-Residential Property Owner)

I/We, _____ being duly sworn, depose and say that I/we hold a legal interest in this property and do hereby submit this rezoning application for review and consideration by the City of De Soto, Iowa in compliance with the requirement of the City of De Soto Municipal Code.

Signature of Applicant

Date