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**

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<thead>
<tr>
<th>ROLE</th>
<th>Contact Person</th>
<th>Phone</th>
<th>Fax</th>
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<tbody>
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<td>ENGINEER</td>
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<td>ARCHITECT</td>
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### 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