

**CITY OF DE SOTO**  
**RESUBDIVISION APPLICATION**

Date \_\_\_\_\_

Location by Address \_\_\_\_\_

Parcel Number \_\_\_\_\_

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Second Owner \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**Explanation for Resubdivision Request**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of applicant(s)**

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE SUBMIT WITH APPLICATION:**

- A. Subdivision fee of \$150.00
- B. Preliminary Plat (see sample sketch attached)

Upon review of the Preliminary Plat you will be required to supply 5 copies of the Final Plat