APPLICATION FOR APPROVAL OF TREE SURVEY

File No.:_____ P & Z:_____
Application Date:_____ C C:_____

Applicant:_____ Phone No.:_____
Address:_____
Email Address:_____

Engineer and/or Surveyor:_____ Phone No.:_____
Address:_____
Email Address:_____ Fax No.:_____

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

NO FEE REQUIRED

Application must include:

1. Two (2) ***folded*** copies 24 X 36 of the tree survey.
2. Receipt showing that all City of DeSoto property taxes has been paid.
3. Once the tree survey has been reviewed by staff & corrections are made, 2 copies (24 x 36) would need to be submitted to the Planning & Zoning Department.

_____ _____ _____ _____
Applicant Signature Date Owner Signature Date

_____ _____
Applicant Printed Name Owner Printed Name

Property owner must sign application or submit letter of authorization

CHECK LIST
For
TREE SURVEY

For Initial Submittal, please provide:

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

_____ One Tax Receipt, (city and school taxes) from DISD Tax Office, for each lot or tract of land involved in the SUP request.

_____ 2 folded copies (24 X 36) of the tree survey for review

Once staff review is complete and corrections are made, please submit:

_____12 copies (24 X 36) and 1 copy (11 x 17) of the tree survey

The 12 corrected copies must be submitted no less than nine working days prior to the Planning & Zoning Commission meeting.