



**CITY OF LONG BEACH  
 PLANNING DEPARTMENT  
 201 JEFF DAVIS AVENUE  
 PO BOX 929  
 LONG BEACH, MS 39560  
 (228) 863-1554  
 (228) 863-1558 FAX**

<b>Office use only</b>	
Date Received	_____
Zoning	_____
Agenda Date	_____
Check Number	_____

**APPLICATION FOR CASE REVIEW**

- I. TYPE OF CASE:     **CERTIFICATE OF RESUBDIVISION**
- II. ADVALOREM TAX PARCEL NUMBER(S): \_\_\_\_\_
- III. GENERAL LOCATION OF PROPERTY INVOLVED: \_\_\_\_\_  
\_\_\_\_\_
- IV. ADDRESS OF PROPERTY INVOLVED: \_\_\_\_\_
- V. GENERAL DESCRIPTION OF REQUEST: Resubdivision of \_\_\_\_\_  
Into \_\_\_\_\_

- VI. **REQUIRED ATTACHMENTS:**
  - A. Resubdivision Survey and Certificate (see attached example)
  - B. Cash or Check payable to the City of Long Beach in the amount of \$250.00
  - C. Proof of ownership (copy of recorded warranty deed), if applicable proof of authority to act as agent for owner.

**\*\*\*NOTE\*\*\* APPLICATION WILL NOT BE ACCEPTED WITHOUT THE ABOVE LISTED DOCUMENTS.**

- VII. **OWNERSHIP AND CERTIFICATION:**  
**READ BEFORE EXECUTING**, The applicant acknowledges that, in signing this application, all conditions and requirements inherent in the process have been fully explained and understood, including the timetable for processing the application, the completed application with all necessary documents and payments must be returned to the Planning office not later than fifteen (15) days before the 2<sup>nd</sup> or 4<sup>th</sup> Thursday of each month. Receipt of fee(s) does not constitute receipt of a completed application.

**Ownership:** I the undersigned do hereby agree to all the rules and regulations as set forth in the Long Beach Zoning Ordinance and also agree to pay all fees and charges as stated.

\_\_\_\_\_  
Name of Rightful Owner (PRINT)

\_\_\_\_\_  
Name of Agent (PRINT)

\_\_\_\_\_  
Owner's Mailing Address

\_\_\_\_\_  
Agent's Mailing Address

\_\_\_\_\_  
City                    State                    Zip

\_\_\_\_\_  
City                    State                    Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of Rightful Owner                    Date

\_\_\_\_\_  
Signature of Applicant                    Date

**LONG BEACH PLANNING COMMISSION**

**CERTIFICATE OF RESUBDIVISION**

In accordance with Article II, Section 3 of the Code of Ordinance (Subdivision Regulations) of the City of Long Beach as amended, it is hereby certified that the Long Beach Planning Commission Chairman and Long Beach Mayor and Board of Aldermen have reviewed and approved the attached Final Plat. The following property has been subdivided from Harrison County ad valorem tax parcel (\_\_\_\_\_) into (\_\_\_\_\_) parcels. The subject property is generally described as being located (\_\_\_\_\_).

The Case File Number is: \_\_\_\_\_

**LEGAL DESCRIPTIONS**

**LEGAL DESCRIPTION OF LAND PRIOR TO THIS RESUBDIVISION: INSERT OVERALL LEGAL DESCRIPTION OF LOT**

**LEGAL DESCRIPTION(S) OF THE (number of) PROPOSED PARCELS:**

**LEGAL DESCRIPTION of (Parcel 1):**

**LEGAL DESCRIPTION of (Parcel 2):**

SEE ATTACHED SURVEY BY \_\_\_\_\_ DATED \_\_\_\_\_

You are hereby advised to investigate and determine the allowable uses as provided by the restrictive covenant, if any, which affect the subject property. Further the applicant hereby covenants and agrees to indemnify and hold harmless the City of Long Beach, its agents, servants and or employees against any and all claims, demands, or causes of action of whatever nature which may arise as a result of the action of the Planning Commission, its agents, servants, and/or employees concerning the petition for subdivision or the real property described herein.

**ACKNOWLEDGE**

**(1) CERTIFICATE OF OWNERSHIP**

I hereby certify that I am the owner of the property described heron, which property is within the subdivision regulation jurisdiction of the City of Long Beach, and that I freely adopt this plan of subdivision.

\_\_\_\_\_  
OWNER

\_\_\_\_\_  
DATE

Subscribed and sworn to before me, in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, a Notary Public in and for the County of Harrison, State of Mississippi.

SEAL

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

(2) CERTIFICATE OF APPROVAL

I hereby certify that the minor subdivision shown on this plat does not involve the creation of new public streets, or any change in existing public streets, the extension of public water or sewer system or the installation of drainage improvements through one or more lots to serve one or more lots. That the subdivision shown is in all respects in compliance with the City ordinances of Long Beach and that therefore this plat has been approved by the administrator subject to its being recorded in the Harrison County Courthouse within (60) days of the date below.

\_\_\_\_\_  
ADMINISTRATOR

\_\_\_\_\_  
DATE

(3) CERTIFICATE OF SURVEY AND ACCURACY

I hereby certify that this map drawn by me or drawn under my supervision from actual survey made by me or actual survey made under my supervision and a deed description recorded in Book \_\_\_\_\_, Page \_\_\_\_\_ in accordance with all applicable codes and ordinances. Witness my original signature, registration number and seal this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Seal or Stamp

\_\_\_\_\_  
Registered Land Surveyor

\_\_\_\_\_  
Registration Number

Subscribed and sworn to before me, in my presence this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, a Notary Public in and for the County of Harrison, State of Mississippi.

Seal

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

**PLANNING COMMISSION**

Approved by the City of Long Beach Planning Commission at the regular meeting of said Commission held on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Planning Commission Chairman

\_\_\_\_\_  
Date

**ACCEPTANCE**

Submitted to and approve by the City of Long Beach, Board of Aldermen, at the regular meeting of said Board of Aldermen held on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

ADOPT:

ATTEST:

\_\_\_\_\_  
MAYOR

\_\_\_\_\_  
CITY CLERK