



**CITY OF LONG BEACH
PLANNING DEPARTMENT
645 KLONDYKE ROAD / PO BOX 929
LONG BEACH, MS 39560
(228) 863-1554**

| | |
|------------------------|-------|
| Office use only | |
| 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 2nd or 4th 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