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: _____ **PRELIMINARY PLAT APPROVAL FOR A SUBDIVISION**
_____**FINAL PLAT APPROVAL FOR A SUBDIVISION**

II. ADVALOREM TAX PARCEL NUMBER(S):_____

III. GENERAL LOCATION OF PROPERTY INVOLVED:_____
_____

IV. ADDRESS OF PROPERTY INVOLVED:_____

V. GENERAL DESCRIPTION OF REQUEST: Subdivision of_____

Into_____

VI. **REQUIRED ATTACHMENTS:**

A. Please refer to the City of Long Beach Subdivision Regulations for required documents.
B. Cash or Check payable to the City of Long Beach in the amount as follows:

2-3 Lots $100.00
4-10 lots $150.00
11-50 lots $300.00
50-100 lots $400.00
100 + lots $500.00

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 due 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