



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

Office use only	
Date Received	_____
Zoning	_____
Agenda Date	_____
Check Number	_____

APPLICATION FOR CERTIFICATE OF RESUBDIVISION

- 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) **on no less than 11" X 17" paper.**
- B. Cash or check payable to the City of Long Beach in the amount of \$375.00
- 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 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

This page must be completed if the property or properties involved have more than one owner. All persons listed as owners to the property or properties listed on page one must complete and sign this part of the application.

I hereby certify that I have read and understand this application and that all information and attachments are true and correct. I also certify that I agree to comply with all applicable city codes, ordinances and state laws. Finally, I certify that I am the owner of the property involved in this request or authorized to act as the owner's agent for herein described request.

NAME OF OWNER (PRINT) _____

ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

PHONE # (H) _____ (C) _____

TAX PARCEL NUMBER(S) OWNED _____

SIGNATURE _____

NAME OF OWNER (PRINT) _____

ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

PHONE # (H) _____ (C) _____

TAX PARCEL NUMBER(S) OWNED _____

SIGNATURE _____

NAME OF OWNER (PRINT) _____

ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

PHONE # (H) _____ (C) _____

TAX PARCEL NUMBER(S) OWNED _____

SIGNATURE _____

NAME OF OWNER (PRINT) _____

ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

PHONE # (H) _____ (C) _____

TAX PARCEL NUMBER(S) OWNED _____

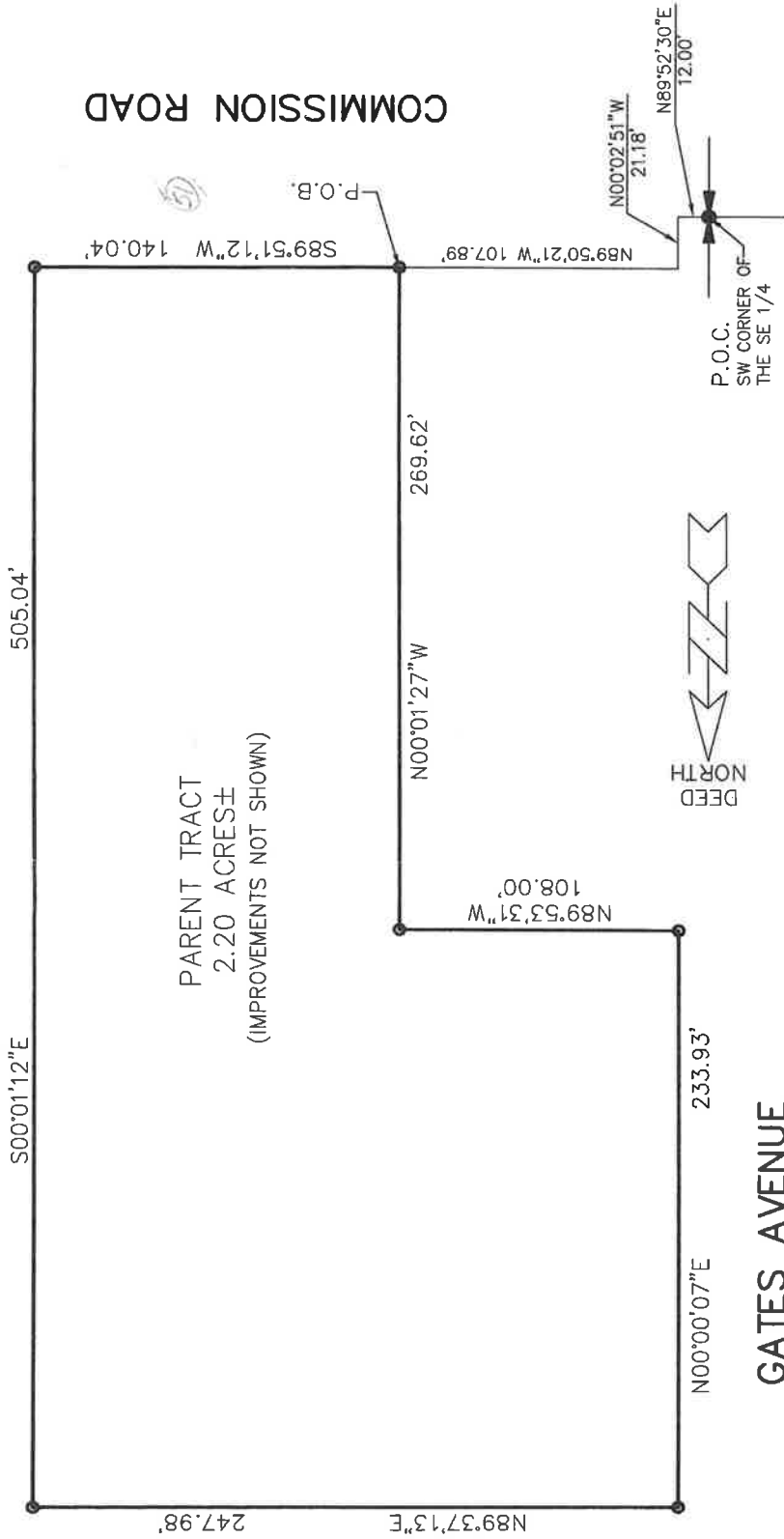
SIGNATURE _____

(Use additional forms as needed)

IN CASES OF MULTIPLE APPLICANTS, PLEASE IDENTIFY THE PERSON WHO WILL BE ACTING AS YOUR

SPOKES PERSON/AGENT FOR YOU: _____

EXAMPLE OF SURVEY WITH CERTIFICATE OF RESUBDIVISION



PARENT TRACT
2.20 ACRES±
(IMPROVEMENTS NOT SHOWN)

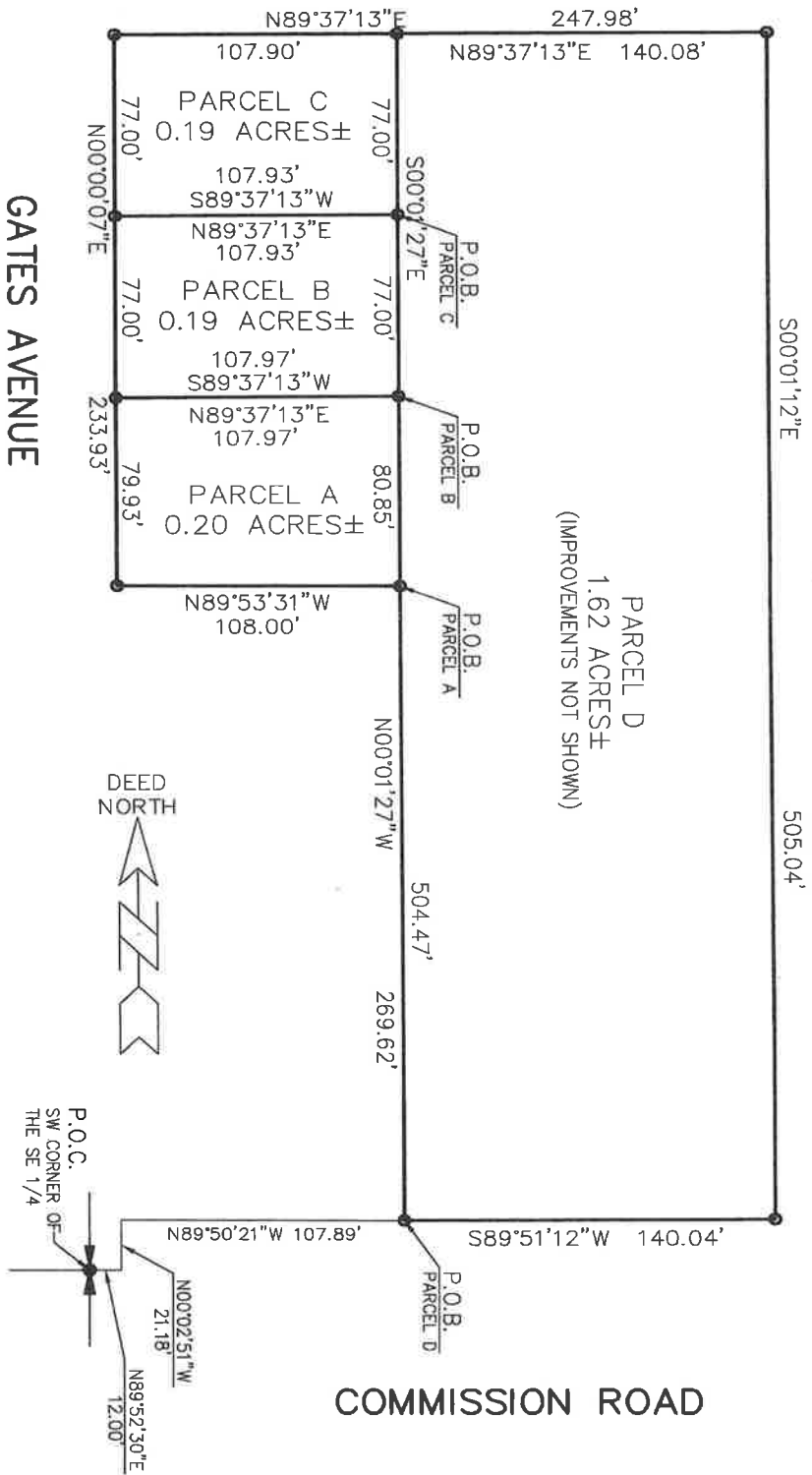


PROPERTY IS LOCATED IN FLOOD ZONE "C". THIS INFORMATION IS BASED ON FLOOD INSURANCE RATE MAP 285257 0002 C, DATED MAY 4, 1988. IT IS CONTRACTOR'S RESPONSIBILITY TO VERIFY FLOOD ZONE AND BASE FLOOD ELEVATION PRIOR TO THE COMMENCING OF ANY WORK DEPENDANT ON SUCH INFORMATION. THE FLOOD ZONE ZONE SHOWN HEREON IS SUBJECT TO CHANGE WITHOUT NOTICE.

LEHIGH SURVEYING, INC. S-369 715 GREENWOOD AVENUE LEHIGH ACRES, FLORIDA 32912 239-368-1000 239-368-7665 (FAX)	
802 HIGHWAY 90 BAY ST. LOUIS, MISSISSIPPI 39520 228-467-2387 228-467-2590 (FAX)	
FIELD SURVEY: N/A	CREW CHIEF: C. STILL
DRAWN BY: C. STILL	SCALE: 1" = 50'
SHEET: 1 OF 4	FIELD BOOK: XX PAGE: XX
JOB NO: MS0828	

LEHIGH SURVEYING, INC. REGISTERED LAND SURVEYOR NO. 3095
CHRISTOPHER B. STILL
2-12-09

EXAMPLE OF SURVEY WITH CERTIFICATE OF RESUBDIVISION



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LEHIGH SURVEYING, INC.
S-349

775 GREENWOOD, SUITE 100
LEHIGH ACRES, FLORENCE, SC 29502
252-997-2400 252-946-6622 (FAX)

802 HIGHWAY 90
BAY ST. LOUIS, MISSISSIPPI 39520
228-467-2387 228-467-2390 (FAX)

CHRISTOPHER B. STILL
REGISTERED LAND SURVEYOR NO. 3095
2-12-09

FIELD SURVEY:	N/A
CREW CHIEF:	C. STILL
DRAWN BY:	C. STILL
SCALE:	1" = 50'
SHEET:	2 OF 4
FIELD BOOK:	XX PAGE: XX
JOB NO.:	MS0828

EXAMPLE OF SURVEY WITH CERTIFICATE OF RESUBDIVISION

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 # (insert tax parcel no.) into (insert # of parcels created) new parcels. The subject property is generally described as being located _____.

LEGAL DESCRIPTION OF PARCEL "B" AS PER SURVEY
(INSERT LEGAL DESCRIPTION OF LOT)

LEGAL DESCRIPTION OF LAND PRIOR TO THIS RESUBDIVISION (PER DEED):

(INSERT OVERALL LEGAL DESCRIPTION OF LOT)

A parcel of land situated and being located.....

Beginning at a point...

Containing _____ acres/sq. ft.

EXAMPLE

LEGAL DESCRIPTION OF PARCEL "A" AS PER SURVEY
(INSERT LEGAL DESCRIPTION OF LOT)

LEGAL DESCRIPTION OF PARCEL "D" AS PER SURVEY
(INSERT LEGAL DESCRIPTION OF LOT)

EXAMPLE OF SURVEY WITH CERTIFICATE OF RESUBDIVISION

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: _____

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.

NOTARY PUBLIC _____ SEAL _____

My Commission Expires: _____

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 _____

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 _____