



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 \$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 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

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) _____

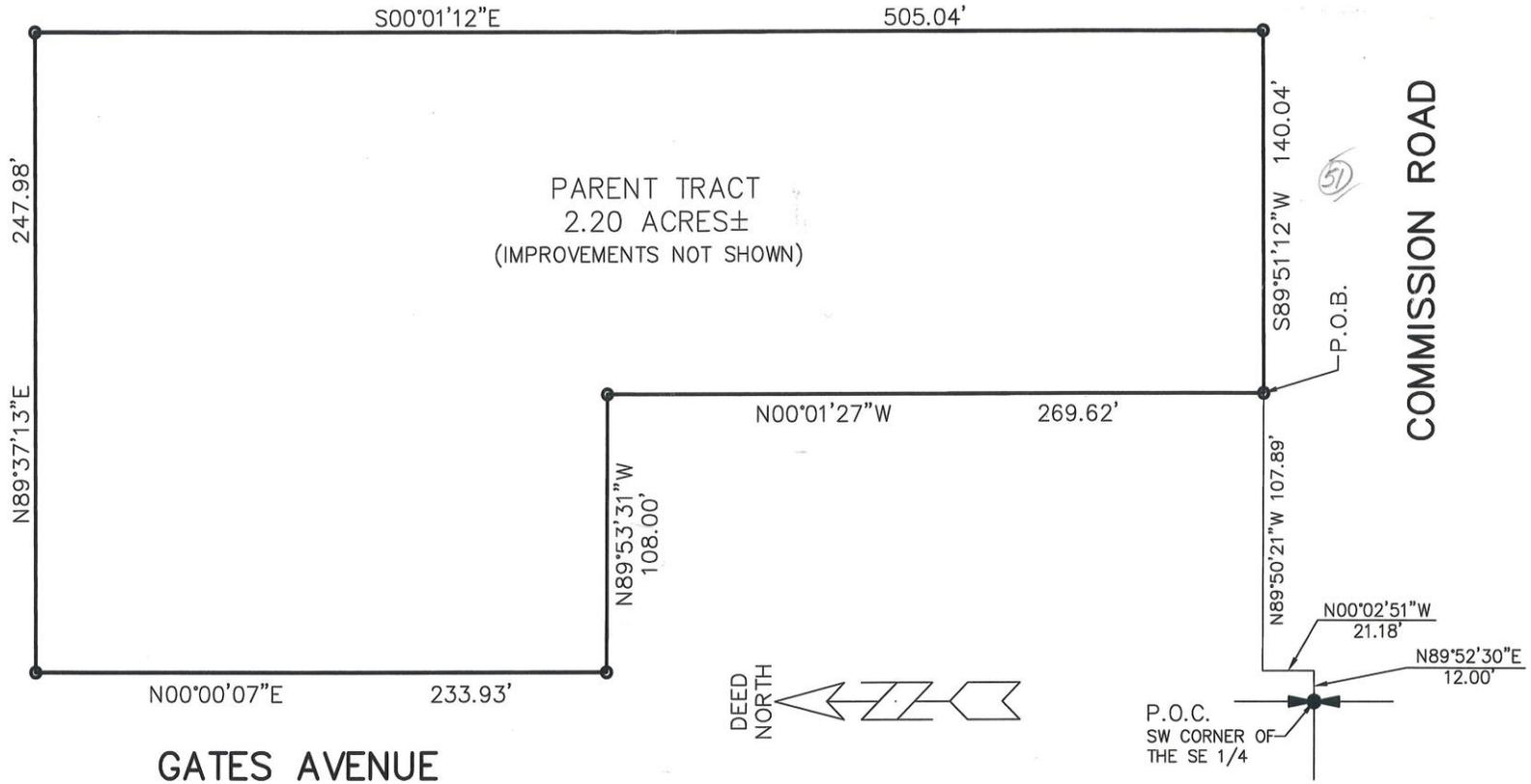
TAX PARCEL NUMBER(S) OWNED _____

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



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 CONTRACTORS 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.

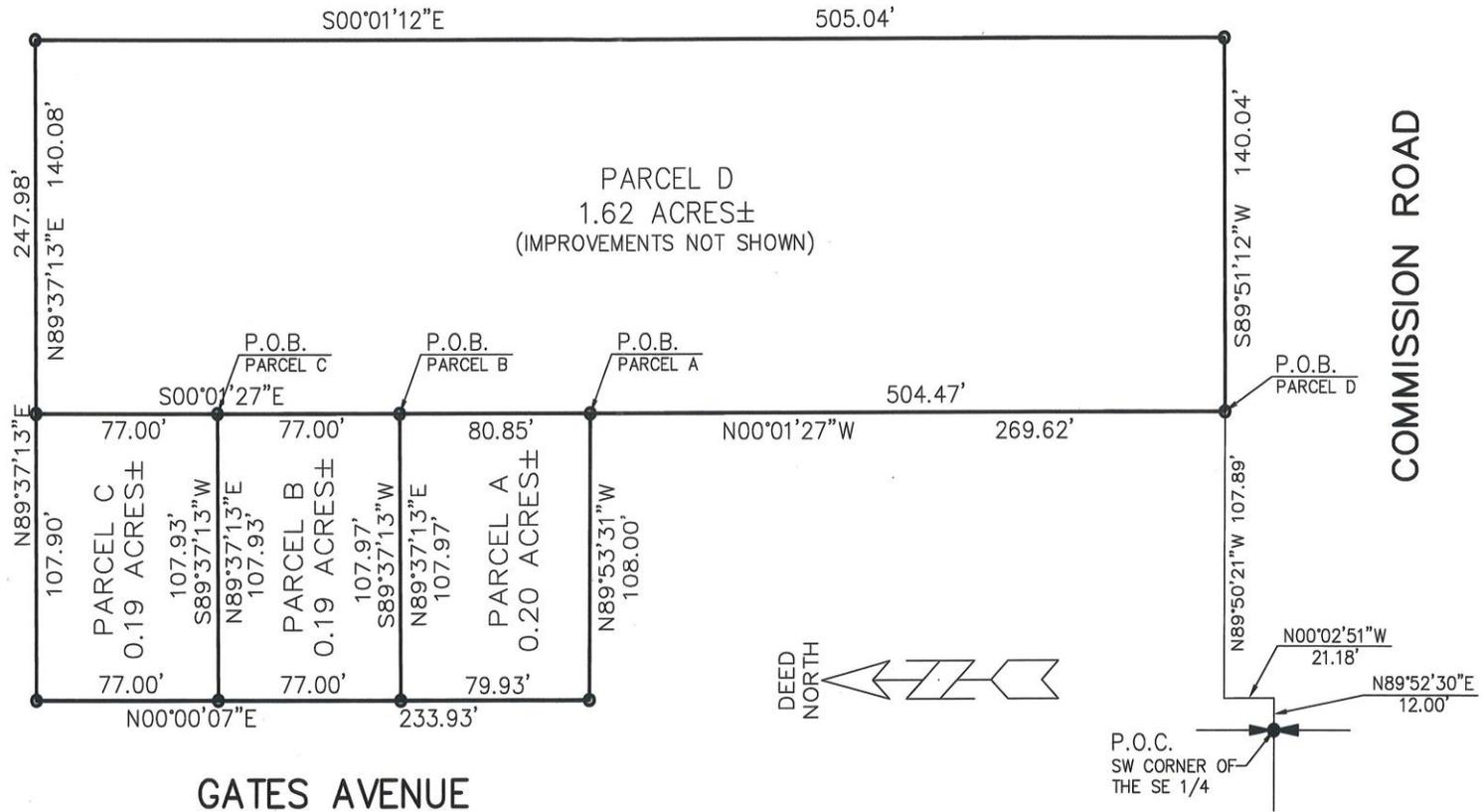
LB7462 ddi
 715 GREENWOOD AVENUE
 LEHIGH ACRES, FLORIDA 3972
 239-368-7890 239-368-7685 (FAX)

S-369
 802 HIGHWAY 90
 BAY ST. LOUIS, MISSISSIPPI 39520
 228-467-2387 228-467-2390 (FAX)

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

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

EXAMPLE OF SURVEY WITH CERTIFICATE OF RESUBDIVISION



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 CONTRACTORS 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.

715 GREENWOOD AVENUE
 LEHIGH ACRES, FLORIDA 33972
 239-688-7400 239-688-7085 (FAX)

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

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

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 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.

LEGAL DESCRIPTION OF PARCEL "A" AS PER SURVEY

(INSERT LEGAL DESCRIPTION OF LOT)

LEGAL DESCRIPTION OF PARCEL "B" AS PER SURVEY

(INSERT LEGAL DESCRIPTION OF LOT)

LEGAL DESCRIPTION OF PARCEL "C" AS PER SURVEY

(INSERT LEGAL DESCRIPTION OF LOT)

LEGAL DESCRIPTION OF PARCEL "D" AS PER SURVEY

(INSERT LEGAL DESCRIPTION OF LOT)

