



City of Ocean Springs Planning Department
1018 Porter Avenue / PO Box 1800 Ocean Springs, MS 39564
(228) 875-4415

LOT/ PARCEL RECONFIGURATION/SPLIT APPLICATION

Indicate Request: SPLIT _____ RECONFIGURATION _____

Effective June 11, 2006, the following application fees apply:

Lot/Parcel Reconfiguration/Split \$200
Additional Fee \$1 (Per Ordinance 2022-17 following the requirements of Section
25-60-5 MS Code Annotated)

Application Date: _____ (*Applications are due by the 7th of each month.*)

Applicant Information

Address of Lot/Parcel(s): _____
Parcel ID(s): _____

- 1. Applicant: _____ Phone _____
 Address _____ Email _____
- 2. Local Agent: _____ Phone _____
 Address _____ Email _____
- 3. Owner of Record: _____ Phone _____
 Address _____ Email _____
- 4. Engineer: _____ Phone _____
 Address _____ Email _____
- 5. Land Surveyor: _____ Phone _____
 Address _____ Email _____
- 6. Attorney: _____ Phone _____
 Address _____ Email _____

Property Information

- 1. Tax Map Designation: Section _____ Township: _____ Range: _____
- 2. Is this lot/parcel located in a Platted Subdivision: Yes No Name of Subdivision: _____
- 3. Zoning of Lot(s): _____
- 4. Current lot area (sq. ft.) _____

Reconfiguration Request

1. Describe lot split/reconfiguration request (existing/proposed size of lot(s), reason for request, etc.).
2. Has Zoning and Adjustments Board granted any variance exceptions or special permits for this property?
_____ Yes _____ No If so, please explain and state the date of approval: _____

3. Has any lot included in this request been previously split or reconfigured? _____

4. Are there any easements or existing structures that would interfere with this lot reconfiguration? _____

5. Are the proposed lots adjacent to public water and sewer lines? _____

LOT SPLIT/ LOT RECONFIGURATION COMPLIANCE CHECKLIST

This checklist **to be completed by applicant** and verified by City Planning Department.

- _____ Application complete and submitted.
- _____ Application fees paid in full (\$251.00)
- _____ Vicinity map submitted, identifying lot(s) relationship to nearby parcels, roadways, or other landmarks.
- _____ Survey submitted, including all required information (see survey requirements, p. 3)
- _____ Evidence of ownership submitted (tax statement, deed, etc.)
- _____ If corporate ownership, attach a list of all directors, officers, stockholders of each corporation owning more than 5% of any class of stock.
- _____ Affidavit of Ownership and notarized signature submitted (see attached)
- _____ Adequate legal and physical access to all proposed lots is provided (no "land locked" parcels).
- _____ All proposed lots in conformance with lot setback requirements of zoning ordinance.
- _____ All proposed lots in conformance with lot width requirements of zoning ordinance.
- _____ All proposed lots in conformance with lot area requirements of zoning ordinance.
- _____ Neither non-conforming lots nor non-buildable lots are formed as result of proposed split/reconfiguration.
- _____ Proposed split/reconfiguration does not impair existing access, easements, or public improvements.
- _____ There are no outstanding City of Ocean Springs property taxes or special assessments on the original parcel(s). (also stated in Affidavit)
- _____ The split/reconfiguration will not result in significant increases in service requirements (utilities, traffic control, streets, etc.), nor will it interfere with maintaining existing service level (i.e. no additional curb cuts, repaving, etc.)
- _____ If not located in a platted subdivision, this lot has never been previously split.
- _____ Lot reconfiguration will provide for development conformable with existing development and City's Comprehensive Plan.

Survey Requirements for Lot Split/Lot Reconfiguration

Information for Applicant, Items to be included in submittal:

- _____ Date, north arrow and scale
- _____ Parcel ID number(s)
- _____ Existing and proposed lot lines, lot widths, lot areas, and any other lot dimensions
- _____ Existing driveway(s), roads and road easements/rights-of-way
- _____ Existing utilities, including any septic tanks or other private utilities
- _____ All existing structures
- _____ Setbacks from existing structures to existing and proposed property lines
- _____ Location of any existing structures on the lots, with nature, location and dimensions
- _____ Any existing and proposed utility or road easements

Next Steps

Once the application is received (with all attachments) and fee is paid, the City will review the package and schedule the request on the next month's Planning Commission agenda. The Planning Commission will make a recommendation to the Board of Alderman, which will approve or reject the request. Applicants are encouraged to attend both the Planning Commission and Board of Aldermen meetings to respond to questions. The Planning Commission meets the 2nd Tuesday of each month at 6:00 pm and the Board of Aldermen meets the 1st and 3rd Tuesday of each month at 6:00 pm. Applicants will be notified when their request will be considered. All meetings occur in the City Hall Board room at 1018 Porter Avenue.

When the approved lot split or lot reconfiguration results in a new deed, the property owner or agent shall record lot split/reconfiguration survey and deed in the Land Records Office (Chancery Clerk) of Jackson County, MS.

Affidavit of Ownership

Attached hereto is an affidavit of ownership indicating the dates the respective holdings of land were acquired, together with the book and page of each conveyance into the present owner as recorded in the County Records of Deeds (Chancery Clerk) office. This affidavit shall indicate the legal ownership of the property, the contract owner of the property, and the date the contract of sale was executed.

I, (print name) _____, hereby certify that:

- 1. I am the owner of the property that is the subject of this application and that I have read and understand the requirements as outlined in the application.
- 2. There are no outstanding City of Ocean Springs property taxes or special assessments on the original parcel(s).

I further acknowledge that the information provided herein is true and correct to the best of my knowledge.

Owner(s) Name: _____

Parcel ID(s): _____

Date Property Acquired Date: _____

Book and Page of Each Conveyance: _____

Owner's Signature _____ Date _____

STATE OF _____

COUNTY OF _____

I _____, hereby depose and say that all the above statements and the statements contained in the papers submitted herewith are true.

Mailing Address _____

Subscribed and sworn before me this _____ day of _____.

My commission expires
