



City of Ocean Springs Planning Department

1018 Porter Avenue / PO Box 1800 Ocean Springs, MS 39564

(228) 875-4415

APPEAL
PLANNING DEPARTMENT DETERMINATION

Appeals of any determination made by the Planning Department staff are heard in a Public Meeting by the Zoning & Adjustments Board (ZAB).

Date of Planning Department determination: _____

SUBJECT PROPERTY ADDRESS: _____

Current Property Zoning Classification: _____

Applicant Information:

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

Property Owner Information (if different):

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

If Applicant is authorized to represent Property Owner, an owner affidavit must be provided (pg. 3)

NOTE: *The date of the public hearing will be set based on the date this application is received.*

REQUEST SUMMARY:

****ATTACH ADDITIONAL INFORMATION IF APPLICABLE.**

**IS THERE ANY ADDITIONAL INFORMATION SUBMITTED WITH THIS APPEAL APPLICATION
THAT WAS NOT INCLUDED IN THE ORIGINAL REQUEST?** YES NO

If yes, please describe:

PROPERTY OWNER:

Signature

Printed Name – Property Owner

Date

APPLICANT (if different):

Signature

Printed Name – Applicant

Date



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 _____

Notary Signature