

Ocean Springs Planning Commission  
 PO Box 1800  
 Ocean Springs, MS 39564  
 228-875-4415 (Phone)

<b>Office Use</b> Date Received _____ Received by _____ Fee Paid \$ _____
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### LOT SPLIT/ LOT RECONFIGURATION APPLICATION

Indicate Request:      LOT SPLIT \_\_\_\_\_      LOT RECONFIGURATION \_\_\_\_\_

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

*Lot Reconfiguration/ Lot Split*      \$200

Application Date: \_\_\_\_\_ (*Applications are due by the 7<sup>th</sup> of each month.*)

Anticipated Planning Commission Meeting Date (Planning Dept to complete): \_\_\_\_\_

#### Applicant Information

Address of Lot(s): _____ Parcel ID(s): _____
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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. Zoning of Lot(s): \_\_\_\_\_
3. Current lot area (sq. ft.) \_\_\_\_\_

#### Reconfiguration Request

1. Describe lot split/reconfiguration request (existing and proposed size of lot(s), reason for request, etc.).

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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: \_\_\_\_\_

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

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

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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.

Submitted/ Complies?		Requirement
<i>Applicant</i>	<i>City</i>	
		Application complete and submitted.
-----		Application fees paid in full.
		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 nonconforming lots nor non-buildable lots are formed as result of proposed split/reconfiguration.
		Proposed lot 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 lot 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.).
		No lot included in this request has been previously split or reconfigured.
		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 2<sup>nd</sup> Tuesday of each month at 6:00 pm and the Board of Aldermen meets the 1<sup>st</sup> and 3<sup>rd</sup> 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

\_\_\_\_\_