



PLANNING AND ZONING COMISSION
 Application for Resubdivision
 P.O. Box 675
 Plaquemine, LA 70765-0675
 P: (225)-687-2208

Resubdivision Checklist

Before you apply, please schedule a pre-application conference with a City Inspector staff member and review the regulations at www.municode.com

The following must be submitted, printed single-sided:

- Resubdivision Application sheet (signed original)
- Ownership and Authorization Affidavit (signed original)
- Certified survey of property (showing lot boundary and dated within the past 1 year) One (1) original
- Site Plan(s) showing resubdivision lot dimensions in accordance with Sec. 23-118.
- Fees
- Property title of ownership (or a recorded act of sale)

To be completed by City Inspector Department	
Amount Paid	Check# or payment method

To be completed by the City Inspector's office, copied and distributed to the applicant on receipt of the fee.

CASE NUMBER (if applicable): **DATE ASSIGNED:**

Receipt of this signed form signifies that you have met the minimum requirements for beginning the process. Any item listed above that is not checked as complete, **MUST** be submitted to complete the application.

In filing this application, I understand that it becomes a part of the public record of the City of Plaquemine and hereby certify that all information contained herein is accurate to the best of my knowledge. **I understand that the application and advertising fees are nonrefundable. (Applications must be received by noon on the scheduled Application Deadline.) Also, I understand the public notice requirements for adjacent property owner notification and that failure to provide proof of the public notification shall cause the application to be deemed incomplete.**

Application must be signed by both applicant and property owner if different. Letter of authorization must be submitted in absence of the property owner's signature or where an authorized agent signs in lieu of either property owner or applicant.

Signature of Applicant Type or Print Name of Applicant Date



**PLANNING AND ZONING COMMISSION
APPLICATION FOR RESUBDIVISION
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DATE: _____

Name of Applicant _____

Mailing Address _____

Phone Number(s) Home: _____ Work: _____ Cell: _____

Name of Owner: (if different from Applicant) _____

Mailing Address _____

Phone Number(s) Home: _____ Work: _____ Cell: _____

Locational Description: Subdivision/Tract _____

Lot/Tract No.: _____ Physical Address: _____

Where did you get this address: Post Office City Inspector Dept. 9-1-1 Office Other _____

**Please verify address with City of Plaquemine City Inspector*

Lot Size and Dimensions: _____

Existing Zoning: _____ Existing Use: _____

Proposed Use: _____

Give brief explanation/reason for Resubdivision: _____

Are variances required for compliance with the Plaquemine Zoning Ordinance? If so, which one(s)? _____

Owner(s) of the legally described property hereby request the consideration of resubdivision as specified. I/We fully understand and agree to abide by the restrictions as stated in the City of Plaquemine's Code of Ordinances. I affirm that the information given in this application is true and correct.

Signature of Applicant/Owner of Record

Date

Printed Name

FOR OFFICIAL USE ONLY	
City of Plaquemine, Louisiana – Planning and Zoning Commission	
Date Filed: _____	Date of Notice in Print: _____
Received by: _____	Date of Notice to Adjacent Property Owner(s) _____
P/Z Date: _____	P/Z Action Requested: _____
Board of Selectmen Date: _____	Selectmen Action: _____