



CITY OF PASS CHRISTIAN
Planning and Zoning Department
200 West Scenic Drive
Pass Christian, MS 39571
(228) 452-3324 or planner@pass-christian.com

APPLICATION FOR
PLANNING COMMISSION APPROVAL

For Staff Use Only

Case Number:
Date Received:
Receipt Number:
Received By:
Zoning:
Ward: Flood:
Size:

Property Information

TAX PARCEL # grid with 3 rows and 12 columns of boxes for parcel identification.

(If necessary, use separate sheet of paper)

Address of Property Involved:

Lot(s), Block(s), Subdivision

General Location:

GENERAL DESCRIPTION OF REQUEST:

Three horizontal lines for describing the request.

OWNERSHIP AND CERTIFICATION:

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 have authorization to act as the owner's agent for the herein described request.

OWNER

AGENT

Printed Name of Owner

Printed Name of Agent

Mailing Address

Mailing Address

City State Zip code

City State Zip code

Home Phone Work/Cell Phone

Home Phone Work/Cell Phone

Email

Email

Signature of Owner

Signature of Agent

If the property or properties listed above have more than one owner, please check this box. In the case of multiple owners, reverse side must be completed. Each additional owner will need to complete and sign the reverse side of this application. We can only accept applications with original signatures.

Empty square checkbox.

SECTIONS A. THROUGH G. MUST BE SUBMITTED FOR A COMPLETE APPLICATION.

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) \_\_\_\_\_ (W) \_\_\_\_\_

TAX PARCEL NUMBER(S) OWNED \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME OF OWNER (PRINT) \_\_\_\_\_

ADDRESS (STREET, CITY, STATE, ZIP CODE) \_\_\_\_\_

PHONE # (H) \_\_\_\_\_ (W) \_\_\_\_\_

TAX PARCEL NUMBER(S) OWNED \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NAME OF OWNER (PRINT)

ADDRESS (STREET, CITY, STATE, ZIP CODE) \_\_\_\_\_

PHONE # (H) \_\_\_\_\_ (W) \_\_\_\_\_

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: \_\_\_\_\_

## IMPORTANT NOTICE

1. Please be advised that failure to submit a complete application, with all supporting documents, could **delay your hearing date**. The Planning Commission will not consider a request until all information is submitted and accurate.
2. Please be advised that the application deadline dates posted are designed to allow the staff time to review the application and receive required comments from coordinating agencies. The application is not considered complete until all required information from the applicant is available for review by the staff and coordinating agencies.
3. Please see reverse of this sheet to determine the deadline dates for filing your application.

## SUBMISSION REQUIREMENTS

- A. **Page one of this application**, completed and signed.
- B. **Site plan**. Please note that approval of your request, in part, is based on your site plan.
- The property lines and dimensions have been provided on the drawing.
  - All buildings and structures located on the property have been identified.
  - All dimensions of buildings and structures have been noted on the site plan.
  - All distances from the property lines to all the buildings and structures have been identified and noted on the site plan.
  - Street names have been provided which about the property.
  - Traffic flow, parking and driveways have been identified.
  - Required buffer strips have been identified.
  - Other pertinent information as needed to pictorially demonstrate the proposed development/use.
- C. **Proof of ownership** (Copy of deed or affidavit)

- D. If applicable, notarized proof of **authority to act as agent** for owner (board resolution, etc.)
- E. The City of Pass Christian Planning Division will notify, by letter, property owners adjacent to the requested action identified in this application using the Land Roll database from the County Tax Office. If you would like to have additional persons or property owners notified, please provide a list of **additional persons to be notified**.
- F. **Provide a written statement addressing the following issues:**  
**Explain how the site plan is appropriate with regard to:**
- Transportation and access
  - Water supply
  - Waste disposal
  - Fire and Police protection
  - Other public facilities
  - Why the proposal will not cause undue traffic congestion or create a traffic hazard.
  - Why the proposal is in harmony with the orderly and appropriate development of the district in which the use is located.
- G. **Cash, credit card, or check** payable to the City of Pass Christian in the amount of **\$200.00**.