City of Pass Christian

Subdivision Name Change Application

Current Subdivision Name: _____

Proposed Subdivision Name: _____

Project Address/Location: _____

Parcel ID: _____ Acreage: _____

Current Zoning Designation: _____ Lot Count: _____

Applicant: _____

Address: _____Email: _____

City: _____ State: _____ Zip: _____

Engineer: _____

Address: _____Email: _____

City: _____ State: _____ Zip: _____

Application Requirements:

This application is only for a name change only to the subdivision. This application will proceed to Consent Agenda items within the Board of Aldermen meetings.

A written statement/narrative explaining the reason for the proposed name change. If the subdivision is recorded, an affidavit to record after the approval from the city will need to be recorded by the applicant with Harrison County and a copy submitted to the Planning Office/Community Development for the City of Pass Christian.

One 11 x17 copy of the plat with the new name and a pdf copy emailed to the City Planner at mhayes@pass-christian.ms.gov

Filing fee $100.00

Signature of Applicant: _____ Date: _____