

City of D'Iberville
P.O. BOX 6519
D'IBERVILLE, MS 39540
(228)392-7966

APPLICATION FOR PLANNING COMMISSION REVIEW

CASE NO. _____

DATE _____

APPLICANT: _____

APPLICANT'S ADDRESS: _____

APPLICANT'S TELEPHONE: (HOME) _____
(WORK) _____

PROPERTY OWNER: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: (HOME) _____
(WORK) _____

TAX ROLL PARCEL NUMBER: _____

STREET ADDRESS OR LEGAL DESCRIPTION OF PROPERTY:

STATE PURPOSE OF REQUEST: _____

REQUIRED ITEMS:

1. SIGNATURE OF APPLICANT AND PROPERTY OWNER
2. EVIDENCE OF CONTROL OF PROPERTY BY APPLICANT (COPY OF DEED, LEASE [MEMORANDUM OF LEASE] OR CONTRACT)
3. SITE PLAN OF AREA SHOWING: DIMENSIONS OF PROPERTY, EXISTING STRUCTURES, PROPOSED NEW STRUCTURES, SETBACKS, PARKING, DRAINAGE AND LANDSCAPING
4. POWER OF ATTORNEY IF APPLICANT OR OWNER WILL NOT BE AT THE PUBLIC HEARING
5. WRITTEN DETAILED DESCRIPTION OF THE PROJECT

STATEMENT OF UNDERSTANDING

As the applicant or owner/s for the requested Planning Commission Review in the City of D'Iberville, I (we) understand the following:

The application fee of \$200.00 must be paid prior to the acceptance of the application. Further, that if the application is withdrawn for any reason that the application fee is forfeited to the City of D'Iberville.

As the applicant or owner/s, I (we), or the designated representative, must be present at the public hearing.

That all information provided with this application is true and correct to the best of my knowledge.

That this application represents only property owned by me (us) and that any other adjoining property owners must apply for a change on his own behalf.

That all required attachments have been provided to the City of D'Iberville.

That additional information may be required by the Planning Commission prior to final disposition.

The Public Hearing will be held on _____ at 6:00 p.m. in the Council Chambers of D'Iberville City Hall.

If a continuance of the hearing is necessary at my (our) request, the request must be made to the Zoning Official a minimum of seven (7) days prior to the hearing. If such request is not made in writing, I understand that a new application must be filed and an application fee paid to the City.

Signature of Applicant

Signature of Property Owner

_____ For Official Use Only _____

- \$200.00
- Copy of Deed, Lease or Contract
- Site Plan
- Parking Spaces
- List of Property Owners NA ()

- Application Signed
- Written Project Description
- Drainage Plan NA ()
- Notarized Statement NA ()

CITY OF D'IBERVILLE PLANNING COMMISSION

PLEASE FILL OUT THE FOLLOWING CHECKLIST IF APPLICABLE:

How many parking spaces are required? _____

How many total parking spaces are shown? _____

How many handicap parking spaces are needed? _____

Will you be using a dumpster or carts? If so how many of each? _____

Will there be signage on the building? _____

Will there be a pylon sign? _____

Will the pylon sign be lighted? _____

Is parking lot lighting shown on site plan? _____

Is landscaping shown on site plan? _____

Are there any protected trees on the project site? (If so please identify size and type on the site plan) _____

What are the hours of operation?

What are the days of operation?

What is the total number of employees? _____

What is the number of employees per shift? _____

Does the project need to tie into the city stormwater system? _____

Will the buildings have a gutter system? _____

Will there be outside storage or storage area? _____

What is the time schedule for the project? _____