

Application for Boundary Line Adjustment Planning and Zoning Department

OFFICE USE ONLY Date of Application: Received by:

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Filing Fee \$			
Name of Plat:			
Location:			
Address:			
City:	State:	Zip Code:	
Telephone:	Fa	nx:	
Email Address:			
Applicant:			
Address:			
City:	State:	Zip Code:	
Telephone:	Fa	nx:	
Email Address:			
Surveyor:			
Address:			
		Zip Code:	
Telephone:	Fa	ix:	
Email Address:			

Request Variances or Waivers of the Subdivision RegulationsNoYes (if yes specify)				
Reason for requesting this waiver:				
Proposed Use:				
Proposed Number of Lots:	_Total Acreage	(sq. ft. or acres)		
Proposed Water Source:				
Proposed Method of Sewage Collection/Treatm	ent:			
Located in Flood Hazard area: () Yes	() No			

FEES SCHEDULES:

Residential Development \$140 + \$20 per lot/unit

Recording fees, required at time of Final Plat application - \$130 minimum (or greater, if actual recording costs exceed \$130).

Boundary Line Adjustment Review

ELIGIBILITY

A plat qualifies for administrative approval under this section if it involves:

- The realignment or shifting of lot boundary lines, including removal, alignment, or shifting of the interior lot boundary lines or the re-designation of lot numbers if the application meets the following requirements.
- Does not involve the creation of any new street or other public improvement;
- Does not involve more than ten (10) lots of record, not to exceed more than five (5) newly combined lots:
- Does not reduce a lot size below the minimum area or frontage requirements established by ordinance:
- Otherwise meets all the requirements of the subdivision regulations and zoning ordinances; or Parcels of land where a portion has been expropriated or has been dedicated, sold or otherwise transferred to the parish or municipality, leaving a severed portion of the original property which requires a redesignation of lot number and establishment of new lot boundary lines.

AFFIDAVIT OF OWNERSHIP

To be completed by owner:		
I,(Please Print)	, HEREBY DECLARE THAT I AM T	THE SOLE OWNER,
ATTORNEY OR A CERT REQUEST THE SUBDIVIS UNDERSTAND THAT THE AUTHORITY, EITHER BE	ER OF ATTORNEY, IN WHICH CA TIFIED COPY OF THEREOF IS ATT SION APPROVAL ON THE SUBJECT E MISREPRESENTATION OF SUCH EFORE OR AFTER FINAL PLAT APP ON OF SAID SUBDIVISION.	ACHED HERETO, TO T PROPERTY, AND I OWNERSHIP AND/OR
I HEREBY AUTHORIZE	(Please Print) TO ACT IN MY	CAPACITY AS MY
AGENT FOR THE REPRESAND I UNDERSTAND THA	(Please Print) SENTATION AND/OR PRESENTATIO AT IT IS NECESSARY FOR ME OR MY PLANNING COMMISSION MEETING.	ON OF THIS REQUEST
Signature	of Date:	Owner:
To be completed by Applican	nt/Developer:	
	FORMATION CONTAINED IN THIS A EST OF MY KNOWLEDGE.	APPLICATION IS TRUE
Applicant's		Name:
	(Please Print)	
Applicant's Signature:	Date:	
	 	///////////////////////////////////////

CERTIFICATION FOR SUBDIVISION PLAT

The applicant and the surveyor preparing the subdivision plat which is the subject of this application hereby represents, warrants and certifies to the Iberia Parish Government that:

The information delivered in connection with this application with respect to the names and addresses of the property owners listed on the proposed subdivision is true and accurate and that each applicant and surveyor have conducted all necessary investigations to confirm its accuracy. The names and addresses of the owners of the property located on the proposed subdivision delivered to Iberia Parish Government are true and correct and were obtained from the most current tax rolls as periodically updated by the Iberia Parish Tax Assessor.

Applicant	Date
Surveyor	Date
In the event the Planning and Zoning staff or the Comaction being taken by the Commission with respect to (or any portion thereof) contained in the application for the Planning and Zoning staff or the Commission may same shall be returned to the applicant without further the Commission. The Planning and Zoning staff or the further review the application until the information (or satisfaction of the Planning and Zoning staff.	any preliminary plan, that the information or preliminary plan approval is incorrect, then a deem the application incomplete, and the caction by the Planning and Zoning staff or the Commission shall not be obligated to
Applicant	Date
Surveyor	Date

MINIMAL REQUIREMENTS

A. SUBMITTAL REQUIREMENT

- One copy of the preliminary plat
- 1 Digital PDF of the proposed preliminary plat emailed to jweaver@iberiagov.net
- Completed application form (including owner's signature)
- Proof of Ownership of Property (Must have page of recordation from Clerk of Court Office for recorded cash sale, donation etc.., how did you acquire the property)
- Any applicable Power of Attorney documents or signature authority documents
- Required filing fees

B. GRAPHIC REQUIREMENTS

- Proposed plat name and type
- Number of lots/units (as separate entry)
- Total Acreage (as separate entry)
- Minimum frontage (as separate entry)
- Minimum lot size (as separate entry)
- Vicinity Map with North Arrow oriented the same as the plat
- Names, address, and telephone numbers of the property owner(s)
- Names, address, and telephone numbers of the developer(s)
- Name, address, and telephone number of the surveyor
- Surveyors stamp
- Surveyors signature
- Scale of plat written and graphic
- North Arrow
- Date of Preparation
- Existing and proposed street names
- Dimensions of all lots to the nearest foot
- Lots and blocks numbered consecutively
- Existing buildings, roads, easements power lines, gas lines, and all features located in and abutting the plat
- All curve data
- Bearings of all lot lines
- Distance from nearest intersection
- Utility Legend

*These are minimal requirements which must be provided for the acceptance of an application. By no means are these the only requirements for plat approval. This list is not a substitute for the Iberia Parish Subdivision Regulations.