

Application for Hearing Examiner Approval Planning and Zoning Department

OFFICE USE ONLY Date of Application: Received by:

Filing Fee \$		<u></u> 1
Receipt #		
Name of Plat:	 	
Location:	 	
Owner:		
Address:		
City:		
Telephone:	 Fax:	
Email Address:	 	
Applicant:		
Address:		
City:		
Telephone:	 Fax:	
Email Address:	 	
Surveyor:		
Address:	 	
City:		
Telephone:	 Fax:	
Email Address:		

Request Variances or Waivers of	-		-
Reason for requesting this waiv			
Proposed Use:			
Proposed Number of Lots:	Total A	creage	_(sq. ft. or acres)
Proposed Water Source:			
Proposed Method of Sewage Co	ollection/Treatment:		
Located in Flood Hazard area:	() Yes () No		
FEES SCHEDULES:			
Commercial Development	\$500 + \$12/lot		
Residential Development	\$140 + \$20 per lot/unit		
Recording Fees (required a	t time of Final Plat)	\$130 (or greater if a	ctual recording costs

HEARING EXAMINER REVIEW

exceed \$130).

PURPOSE AND ELIGIBILITY

Purpose: The purpose of the Hearing Examiner Review Process is to permit the administrative review of minor non-controversial developments. All plats must comply with the applicable subdivision regulations.

Creation of New Lots: To qualify for a Hearing Examiner's Review, the property must meet the following criteria:

- The development must create no more than five (5) lots.
- The applicant is not providing for the creation of any new public or private streets.
- The applicant owns no property adjacent to the proposed development, or in the event he does, the applicant shall not have submitted any other application for a subdivision of property from the total property owned by the applicant within one (1) year prior to the current plat.
- The development under review does not exceed five (5) acres.

AFFIDAVIT OF OWNERSHIP

To be completed by owner:		
I,(Please Print)	, HEREBY DECLARE THAT I AM	THE SOLE OWNER,
ATTORNEY OR A CERTIF THE SUBDIVISION APPROTHAT THE MISREPRESE	ER OF ATTORNEY, IN WHICH CAPIED COPY THEREOF IS ATTACHED OVAL ON THE SUBJECT PROPERTY ENTATION OF SUCH OWNERSHIP ER FINAL PLAT APPROVAL, MAY CODIVISION.	HERETO, TO REQUEST , AND I UNDERSTAND AND/OR AUTHORITY,
I HEREBY AUTHORIZE	(Please Print) TO ACT IN MY	CAPACITY AS MY
AGENT FOR THE REPRE AND I UNDERSTAND THA	(Please Print) ESENTATION AND/OR PRESENTATION 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 ASSEST OF MY KNOWLEDGE.	APPLICATION IS TRUE
Applicant's		Name:
	(Please Print)	
Applicant's Signature:	Date:	
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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.

A sull saud	
Applicant	Date
Surveyor	Date
In the event the Planning and Zoning staff or the Compaction 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 deem the application incomplete, and the action by the Planning and Zoning staff or e Commission shall not be obligated to
Applicant	Date
Surveyor	Date

MINIMAL GRAPHIC REQUIREMENT

A. *SUBMITTAL REQUIREMENT

- **Five copies** of the preliminary plat
- 1 Digital PDF of the proposed preliminary plat emailed to <u>jweaver@iberiagov.net</u>
- 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
- Legal description
- 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
- Names and address of adjacent property owners (property directly across a public/private road is considered to be adjacent property)
- 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.