



Application for Hearing Examiner Approval Planning and Zoning Department

OFFICE USE ONLY

Date of Application: _____

Received by: _____

Filing Fee \$ _____

Receipt # _____

Name of Plat: _____

Location: _____

Owner: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email Address: _____

Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email Address: _____

Surveyor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email Address: _____

Request Variances or Waivers of the Subdivision Regulations ___No ___Yes (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/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 at time of Final Plat) \$130 (or greater if actual recording costs exceed \$130).

HEARING EXAMINER REVIEW

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, _____, HEREBY DECLARE THAT I AM THE SOLE OWNER,
(Please Print)

OR HAVE LEGAL POWER OF ATTORNEY, IN WHICH CASE SAID POWER OF ATTORNEY OR A CERTIFIED COPY THEREOF IS ATTACHED HERETO, TO REQUEST THE SUBDIVISION APPROVAL ON THE SUBJECT PROPERTY, AND I UNDERSTAND THAT THE MISREPRESENTATION OF SUCH OWNERSHIP AND/OR AUTHORITY, EITHER BEFORE OR AFTER FINAL PLAT APPROVAL, MAY CAUSE THE DENIAL OR VACATION OF SAID SUBDIVISION.

I HEREBY AUTHORIZE _____ TO ACT IN MY CAPACITY AS MY
(Please Print)

AGENT FOR THE REPRESENTATION AND/OR PRESENTATION OF THIS REQUEST
AND I UNDERSTAND THAT IT IS NECESSARY FOR ME OR MY AUTHORIZED AGENT
TO BE PRESENT AT THE PLANNING COMMISSION MEETING.

Signature of Owner: _____ Date: _____

////////////////////////////////////

To be completed by Applicant/Developer:

I CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

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 Commission determines, at any time prior to the action being taken by the Commission with respect to any preliminary plan, that the information (or any portion thereof) contained in the application for preliminary plan approval is incorrect, then the Planning and Zoning staff or the Commission may deem the application incomplete, and the same shall be returned to the applicant without further action by the Planning and Zoning staff or the Commission. The Planning and Zoning staff or the Commission shall not be obligated to further review the application until the information (or any portion thereof) shall be corrected to the satisfaction of the Planning and Zoning staff.

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 permits@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
- 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.**

2025 HEARING EXAMINER SCHEDULE

SUBMITTAL DEADLINE 4:00 P.M.	PLANNING COMMISSION MEETING (RATIFICATION) 5:30 P.M.
December 6, 2024	**January 13, 2025**
January 3, 2025	**February 10, 2025**
February 3, 2025	March 17, 2025
March 3, 2025	April 21, 2025
April 4, 2025	May 19, 2025
May 2, 2025	June 16, 2025
June 6, 2025	July 21, 2025
July 7, 2025	August 18, 2025
August 1, 2025	September 15, 2025
September 5, 2025	October 20, 2025
October 3, 2025	November 17, 2025
November 3, 2025	December 15, 2025
December 5, 2025	January 19, 2026

**WHENEVER A HOLIDAY FALLS ON A MEETING DATE, THE MEETING WILL BE SCHEDULED THE
WEEK BEFORE**