



TO SUBMIT APPLICATION ONLINE VISIT WWW.MGOCONNECT.ORG/CP/PORTAL

OFFICE USE ONLY				
Docket No:	Date Requested:			
Meeting Date:				
Parcel #:				
Council District / At Large:				
Lot, Sq., Subdivision:				
APPLICANT INFORMATION				
Name:				
Mailing Address:				
	Email:			
PROPERTY OWNER INFORMATION	LL owners must be listed and must sign)			
Name:	verified with a signed, dated, and notarized endorsement? Complete page 5.			
Mailing Address:				
Phone:	Email:			
SUBDIVISION INFORMATION				
Subdivision Name:				
☐ Preliminary Pla	☐ Resubdivision of Existing			
\Box Conditional Pla	☐ Administrative Resubdivision			
\Box Final Plat	☐ Family Resubdivision			
Total Acreage:	Total Square Footage:			
Current # of lots:	Proposed # of lots:			
Property Address:	Zoning District:			
Applicant's Signature				





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Docket No:		
SUBDIVISION INFORMATION (continued):		
List bounding streets, railroads, canals, or landmarks immediately abutting the property:		
Has the subdivision ever been before the Planning Commission? (circle) YES / NO		
If YES, when? Describe application/approval:		
Describe changes made to the plat/property since this approval:		
Is a modification from the Subdivision Regulations being requested? (circle) YES / NO		
If YES, please describe:		
Current use of property:		
Proposed use of property:		
SUBMITTAL REQUIREMENTS		
☐ Completed and signed application.		
\square Recorded copy of Act of Sale, Judgement of Possession, or Deed to the property.		
\square Five (5) stamped copies of the proposed subdivision/resubdivision plat.		
\square Payment of fees; payable by credit card, check or money order to: "St. John Parish Council".		
NOTE: St. John the Baptist Parish has not examined nor reviewed the title of any portion of land in this application, or any restrictive covenants or restrictions placed on said property. Any action of the Parish in this matter does not: (1) imply that the applicant's title or ownership is valid, (2) that there are or are not any restrictive covenants or other restrictions on said property, or (3) that any restrictive covenants or restrictions that may be on said property are enforceable or are not enforceable.		
NOTE: Within sixty (60) days of submission of minimum application requirements, this application will become null and void. By signature of this application, the applicant agrees and understand that all permit fees are non-refundable.		
Applicant's Signature Date		





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Docket No:					
	OWNER/C AFFIR	AV/IT OF UNDERSTANDING			
	OWNER'S AFFIDA	AVIT OF UNDERSTANDING			
the State of Louisiana pert State of Louisiana, and that the proper manner, to the and received by the Parish Baptist Parish has not exar restrictions placed thereof the applicants' title or own	aining to the zoning, subdivi- t this plat shall not be accept Parish Council, or its duly au Council or its duly appointed mined nor reviewed the title n. I (We) understand that any nership is valid, (2) that there	velopment of this area shall comply we sion and development of land within sted for review until all required items athorized representative, and all required representative. I (We) further under of any portion of land shown, nor any vaction to affirm this subdivision require are or are not any restrictive covenance on the property are enforceable or	St. John the Baptist Parish, have been submitted in red fees have been paid stand that St. John the restrictive covenants or lest does not imply: (1) thants on the property, or (3)		
Owner's Signature	Date	Owner's Signature	Date		
SWORN TO ME THIS	DAY OF				
NOTARY PUBLIC		_			
Print name of Notary:					
Downall #					

that





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PROCESSING FEES (to be completed by office personnel)					
PRELIMINARY Advertisement		FINAL Advertisement			
CONDITIONAL Conditional Plat		TOTAL			

Applicant's Signature Date

JACLYN HOTARD Parish President



SUBDIVISION APPLICATION

OFFICE USE ONLY					
Docket No:					
<u>OW</u>	/NER'S ENDORSEMENT				
	(please print clearly)				
	being duly sworn, depose that I reside at				
Owner(s) / Corporation					
		in the Parish			
Street	City				
of	and State of	and that I am			
Parish	State				
the owner of the property described as	and that I hav	e authorized			
	Address				
	to make the foregoing subdivision/resu	ubdivision application.			
Applicant					
Signature of owner(s) of property or authorized agent	_				
SWORN TO ME THISDAY OF					
NOTARY PUBLIC	_				
5					
Print name of Notary:					
Bar roll #:					

Resubdivision Process

