



CITY OF GULFPORT
Urban Development - Planning Division
1410 24th Avenue
Gulfport, MS 39501
(228) 868-5710

APPLICATION FOR ZONING TEXT AMENDMENT

For Staff Use Only

Case File #: _____

Date Received: _____

Receipt #: _____

Received By: _____

Zoning: _____

Ward: _____ Flood: _____

GENERAL DESCRIPTION OF REQUEST: (If necessary, attach a separate sheet of paper detailing the purpose of the request.)

OWNERSHIP AND CERTIFICATION:

I hereby certify that I have read and understand this application and that all information and attachments are true and correct. I also certify that I agree to comply with all applicable city codes, ordinances and state laws. Finally, I certify that I am the owner of the property involved in this request or have authorization to act as the owner's agent for the herein described request.

OWNER

AGENT

Printed Name Of Owner

Printed Name Of Agent

Mailing Address

Mailing Address

City State Zip code

City State Zip code

Home Phone Work/Cell Phone

Home Phone Work/Cell Phone

Email

Email

Signature Of Owner

Signature Of Agent

If the property or properties listed above have more than one owner, please check this box. In the case of multiple owners, reverse side must be completed. Each additional owner will need to complete and sign the reverse side of this application. We can only accept applications with original signatures.

SECTIONS A. THROUGH H. MUST BE SUBMITTED FOR A COMPLETE APPLICATION.

This page must be completed if the property or properties involved have more than one owner. All persons listed as owners to the property or properties listed on page one must complete and sign this part of the application.

I hereby certify that I have read and understand this application and that all information and attachments are true and correct. I also certify that I agree to comply with all applicable city codes, ordinances and state laws. Finally, I certify that I am the owner of the property involved in this request or authorized to act as the owner's agent for herein described request.

NAME OF OWNER (PRINT) _____

ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

PHONE # (H) _____ (W) _____

TAX PARCEL NUMBER(S) OWNED _____

SIGNATURE: _____

NAME OF OWNER (PRINT) _____

ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

PHONE # (H) _____ (W) _____

TAX PARCEL NUMBER(S) OWNED _____

SIGNATURE: _____

NAME OF OWNER (PRINT) _____

ADDRESS (STREET, CITY, STATE, ZIP CODE) _____

PHONE # (H) _____ (W) _____

TAX PARCEL NUMBER(S) OWNED _____

SIGNATURE: _____

(Use additional forms as needed)

IN CASES OF MULTIPLE APPLICANTS, PLEASE IDENTIFY THE PERSON WHO WILL BE ACTING AS YOUR SPOKES

PERSON/AGENT FOR YOU: _____

IMPORTANT NOTICE

1. Please be advised that failure to submit a complete application, with all supporting documents, could **delay your hearing date**. The Planning Commission will not consider a request until all information is submitted and accurate.
2. Please be advised that the application deadline dates posted are designed to allow the staff time to review the application and receive required comments from coordinating agencies. The application is not considered complete until all required information from the applicant is available for review by the staff and coordinating agencies.
3. Please see reverse of this sheet to determine the deadline dates for filing your application.

SUBMISSION REQUIREMENTS

- A. **Page one of this application, completed and signed.**
- B. **Proof of ownership** (Copy of deed or affidavit)
- C. If applicable, notarized proof of **authority to act as agent** for owner (board resolution, etc.)
- D. The City of Gulfport Planning Division Staff will notify, by letter, property owners adjacent to the requested action identified in this application using the Land Roll database from the County Tax Office. If you would like to have additional persons or property owners notified, please provide a list of **additional persons to be notified.**
- E. **Site Plan:** Showing proposed development (Optional).
- F. **Provide a written statement addressing the following reasons for your text amendment request:**

The Comprehensive Zoning and SmartCode Ordinances, including the zoning map, are based on comprehensive planning studies and are intended to carry out the object of sound, stable and desirable environment. It is recognized that casual amendment of the ordinance would be detrimental to the achievement of that objective, and it is therefore declared to be the public policy to amend this ordinance only when one or more of the following conditions prevail:

1. **Error** – there is manifest error in the ordinance.
2. **Change in Conditions:** - changed or changing conditions in a particular area, or in the city or metropolitan area generally, make an amendment to the ordinance necessary and desirable.

3. **Increase in need for sites** – increased or increasing needs for business or industrial sites, in addition to sites that are available, make it necessary and desirable to reclassify an area or to extend the boundaries of an existing district.
4. **Annexation** – it is necessary and desirable to classify territory hereafter annexed to the city to a district classification.
5. **Ordinance changes** – amendment of the ordinance not involving a change in classification of land necessary.
6. **Change in governmental property** –it is necessary to reclassify property as a result of acquisition or disposition of such property by the United States of America, the state of Mississippi or Harrison County.

G. The following items must be submitted when in a written statement you are requesting an amendment to the Comprehensive Zoning Ordinance or SmartCode Ordinance:

1. **Interest:** The applicant or applicants name(s), address(es) and interest of any individual(s), firm(s) or corporation(s) represented by the applicant(s) in the application.
2. **Condition for Change:** State which one or more condition(s) exists which warrants the change to the zoning amendment. The six conditions defined in the ordinance are above.
3. **Development Schedule:** A development schedule must also be submitted. This should show the time schedule for the beginning and completion of mall development planned by the applicant in the area. The successive stages and the development for each stages should be shown if applicable.
4. **Effects of Amendment:** Provide a report giving the nature, description, and effect of the proposed amendment.
5. **Error:** The error in this ordinance that would be corrected by the proposed amendment; if the intent is to correct an error.

H. Cash or check payable to the City of Gulfport in the amount of **\$175.00.**

City of Gulfport

Zoning Board of Adjustments & Appeals & Planning Commission

2020 MEETING DATES & APPLICATION DEADLINES

Zoning Board and Planning Commission meetings are on Thursdays in the Council Chambers at the Gulfport City Hall located at 2309 15th Street. Zoning Board meetings begin at 3:00 p.m. and Planning Commission meetings begin at 4:30 p.m. You will be notified by letter of the time and location that your request will be considered.

Meeting Dates

Deadline Date	Zoning Board	Planning Commission
December 3, 2019	16-January	23-January
7-January	20-February	27-February
4-February	19-March	26-March
3-March	16-April	23-April
7-April	21-May	28-May
5-May	18-June	25-June
2-June	16-July	23-July
7-July	20-August	27-August
4-August	17-September	24-September
1-September	15-October	22-October
6-October	19-November	19-November
3-November	17-December	17-December

Please be advised that the application deadline dates posted are designed to allow the staff time to review the application and receive required comments from coordinating agencies. Meeting dates listed do not guarantee your application hearing date. The application is not considered complete until all required information is available for review from the applicant and coordinating agencies. Dates, time, and location are subject to change without notice. The remaining dates will be forthcoming.