



OFFICE USE ONLY

APPLICATION FEE: \$ _____ CASE #(S) _____
RECORDING FEE: \$1.00 _____
TOTAL FEES: \$ _____ MEETING DATE(S): _____
RECEIVED BY: _____
CHECK #: _____ CASH: _____
RECEIPT #: _____ DATE: _____ PLANNER: _____

PROJECT NAME: _____

WAS THERE A PRE-APPLICATION MEETING? Y/N

IF YES, DATE OF PRE-APPLICATION MEETING: _____

COMPLETED APPLICATIONS, INCLUDING FEES ARE TO BE FILED BY THE DEADLINE DATE. APPLICATION DEADLINES FOR MEETING DATES AVAILABLE AT THE PLANNING OFFICE OR CITY WEBSITE – www.obms.us - UNDER "PLANNING AND DEVELOPMENT".

PART I – APPLICATION TYPE (PLEASE PRINT)

Brief Description of Application: _____

CHECK ONE
(multiple if applicable)

SEE PAGES 2 - 4 FOR APPLICATION CHECKLISTS (CL)
FOR OVERVIEW OF APPLICATION REQUIREMENTS

<input type="checkbox"/>	VARIANCE	Is Variance to Zoning Code standard (e.g. setbacks, fence height, parking or paving requirements, lot coverage)? Y/N	Is Variance to Design Review Ordinance (e.g. alternative plan for landscaping or building architecture)? Y/N	See CL1
<input type="checkbox"/>	CONDITIONAL USE PERMIT	New Use or Extension of Existing Use.	Small Cell Tower- New Pole	See CL3
<input type="checkbox"/>	REZONING	What is the Current Zoning & Future Land Use Designation (Comprehensive Plan)?	What is the Requested Zoning?	CL4 & CL5 if PD zoning is requested
<input type="checkbox"/>	AMENDMENT TO EXISTING PLANNED DEVELOPMENT OR NEW PLAN IN PD ZONE	If amending an existing Project Text, provide changes in strike thru (language to delete) & <u>underline</u> (language to add)	Is this a proposal for a new or revised Preliminary Development Plan (also called a Zoning Master Plan)? Y/N	CL6 or CL5 if new plan in PD zone.
<input type="checkbox"/>	CIVIL SITE PLAN / DESIGN REVIEW	Is the application for a new metal building? Y/N	If "No", see Separate Checklist under Planning & Development www.obms.us	See CL7
<input type="checkbox"/>	SUBDIVISION	Is this a Preliminary Plat? Y/N	Is this a Final Plat or Plat Revision? Y/N	See CL8

PART II – SUBJECT PROPERTY (PLEASE PRINT)

PROPERTY ADDRESS: _____

LEGAL DESCRIPTION: _____
Enter Subdivision Name & Lot #(s); Or, if Un-Platted Metes & Bounds Description & Survey Required

TAX / PARCEL ID#(S) _____
See: <http://maps.desotocountymiss.gov/oneview/>

PART III – OWNERSHIP / AGENT INFORMATION (PLEASE PRINT)

PROPERTY OWNER

NAME: *(include title & company if property not individually owned)*

ADDRESS: _____

PHONE: _____

E-MAIL: _____

SIGNATURE: _____

AGENT / REPRESENTATIVE (if different than owner)

NAME, TITLE, & COMPANY:

ADDRESS: _____

PHONE: _____

E-MAIL: _____

SIGNATURE: _____

CHECKLIST 1 – ZONING CODE VARIANCE / DESIGN REVIEW ORDINANCE VARIANCE**Fees: Residential \$101 / Commercial \$301.00**

_____ Submit a letter to the Board of Adjustment addressing the following criteria:

1. Explain how the variance request arises from special conditions or circumstances which are unique due to the particular shape, size, location or topography of a lot or parcel, or structure thereon, and which are not ordinarily or generally found in the same zoning district.
2. Explain how the special conditions or circumstances are not a result of your own actions.
3. Explain how the literal interpretation of the Zoning Ordinance (if your request was not granted) would deprive you of rights commonly enjoyed by others within the same zoning district.
4. Explain how granting the variance will not confer on you any special privilege that is denied by the Zoning Ordinance to other lands, structures, or buildings in the same zoning district.

_____ A site plan showing the lot(s) or parcel(s) that comprise the subject property, the structures existing thereon, and/or the structures proposed that necessitate the variance requested. The site plan shall be drawn to scale with dimensions shown.

_____ Provide any pictures, exhibits, and/or further explanation of the request that you would like the Board of Adjustment to consider in reviewing the application.

_____ A map showing all properties within 500 ft. of any property line of the subject property.

_____ A list of the names and addresses of the owners within 500 ft. on mailing labels.

_____ Include electronic / digital copies of all application materials and exhibits.

Additional information may be required.

CHECKLIST 2 CONDITIONAL USE PERMIT**Fee: \$201.00**

_____ Submit a letter to the Board of Adjustment requesting a time period (e.g. 10 years) for which the CUP would be valid.

_____ The letter shall address the following criteria:

1. Explain how the proposed use will not adversely affect the character of the neighborhood.
2. Explain how the proposed use will not overtax public utilities, drainage, or community facilities.
3. Explain how the proposed use will not substantially increase congestion or cause traffic hazards.
4. Explain how the proposed use will not increase the danger from fire, flood, or otherwise endanger the public health, and general welfare.
5. Explain how the proposed use will not diminish or impair property values of adjacent properties or neighborhood.
6. Explain how the proposed use of the property will conform to the recommendations of the City's Comprehensive Plan.

_____ An aerial map plan showing the lot(s) or parcel(s) that comprise the subject property. If new buildings or an expansion is proposed, provide a site plan depicting the improvements that is drawn to scale with dimensions shown.

_____ Provide any pictures, exhibits, and/or further explanation of the request that you would like the Board of Adjustment to consider in reviewing the application.

_____ A map showing all properties within 500 ft. of any property line of the subject property.

_____ A list of the names and addresses of the owners within 500 ft. on mailing labels.

_____ Include electronic / digital copies of all application materials and exhibits.

Additional information may be required

CHECKLIST 3 – CONDITIONAL USE PERMIT (CUP) FOR SMALL CELL TOWER**Fee: \$1001.00 Per Pole**

_____ Submit a letter to the Board of Adjustment requesting a time period (e.g. 10 years) for which the CUP would be valid.

_____ The letter shall address the following criteria:

1. Explain how these special criteria are to be met:
 - a. Spacing between support criteria
 - b. Co-location availability
 - c. Appearance of the proposed Support structure and Facilities as a whole, taking into consideration the design guidelines depicted in the Small Cell Ordinance
 - d. Impact to the surrounding environment
2. Explain how the proposed use will not adversely affect the character of the neighborhood.
3. Explain how the proposed use will not overtax public utilities, drainage, or community facilities.
4. Explain how the proposed use will not substantially increase congestion or cause traffic hazards.
5. Explain how the proposed use will not increase the danger from fire, flood, or otherwise endanger the public health, and general welfare.
6. Explain how the proposed use will not diminish or impair property values of adjacent properties or neighborhood.
7. Explain how the proposed use of the property will conform to the recommendations of the City's Comprehensive Plan.

_____ An aerial map plan showing the lot(s) or parcel(s) that comprise the subject property. If new buildings or an expansion is proposed, provide a site plan depicting the improvements that is drawn to scale with dimensions shown.

_____ Provide any pictures, exhibits, and/or further explanation of the request that you would like the Board of Adjustment to consider in reviewing the application.

_____ A map showing all properties within 500 ft. of any property line of the subject property.

_____ A list of the names and addresses of the owners within 500 ft. on mailing labels.

_____ Include electronic / digital copies of all application materials and exhibits.

Additional information may be required

CHECKLIST 4- REZONING

Fees: A&AR \$201.00 / R1, 2, 3 & 4 \$251.00 / All others \$301.00

- _____ Submit a letter to the Planning Commission with a narrative discussing the reasoning behind the proposed change and providing evidence that:
1. The original zoning classification for the property a mistake; or that,
 - 2a. The character of the neighborhood has changed to such an extent as to justify the proposed rezoning; and
 - 2b. If the proposed zoning classification does not conform to the future land use designation on the City's Comprehensive Plan, the applicant shall offer proof with regard to demonstrating what major economic, zoning, physical, or social changes have occurred in the vicinity of the subject property that were not anticipated by the Comprehensive Plan and have altered the character of the area to make the amendment appropriate.
 3. There is an existing public need for the rezoning.
- _____ Provide any site plans, pictures, exhibits, traffic analysis, impact study, and/or further explanation of the request that you would like the Planning Commission to consider in reviewing the application.
- _____ A map showing all properties within 500 ft. of any property line of the subject property.
- _____ A list of the names and addresses of the owners within 500 ft. on mailing labels.
- _____ Post sign for Zoning Hearing & complete Affidavit for Sign Posting <http://www.obms.us/planning-and-zoning-forms/>
- _____ Include electronic / digital copies of all application materials and exhibits.
- Additional information may be required

CHECKLIST 5- NEW PROJECT TEXT & DEVELOPMENT PLAN (IF REZONING TO A PLANNED DEVELOPMENT) OR IN EXISTING PLANNED DEVELOPMENT WITHOUT PROJECT TEXT ADOPTED

Fees \$301.00

(R-3 Planned Residential, C-4 Planned Commercial, M-3 Planned Industrial, or PUD Planned Unit Development for mixed use project)

- _____ Before submitting, check regulations specific to the PD District being requested at following link:
https://library.municode.com/ms/olive_branch/codes/code_of_ordinances?nodeId=COOR_APXAZOOR
- _____ Submit two copies of the Proposed PD documentation, bound (additional copies may be required after initial review and comment), with the following contents:
- List of Exhibits and Project Narrative;
 - List of Permitted Uses, include list of Conditional Uses (if desired);
 - Area Regulations, including Performance Standards and/or Bulk Requirements, such as setbacks, floor area ratio, impervious surface ratio, units per acre, parking requirements, building height, minimum square footage, etc.;
 - Analysis of traffic impacts as well as impact on other community facilities;
 - Architectural regulations to address treatments, orientation of structures, garages, etc. Include elevation exhibits as may be appropriate;
 - Signage plan;
 - Preliminary Development, or Master Plan (can be map series) showing proposed street layout, lot lines, ingress/egress, parking areas, building footprints, stormwater ponds, common open spaces, landscape buffers, trails, sidewalks, etc.
 - Phasing Plan anticipated for development, include phasing for off-site infrastructure improvements as may be required.
- _____ Post sign for Zoning Hearing & complete Affidavit for Sign Posting <http://www.obms.us/planning-and-zoning-forms/>
- _____ Include electronic / digital copies of all application materials and exhibits.
- Additional information may be required

CHECKLIST 6- MINOR PROJECT TEXT & DEVELOPMENT PLAN AMENDMENTS

NO FEE

- _____ To amend an existing Project Text, all changes must be provided in ~~strike thru~~ (language proposed for deletion) & underline (new proposed language).
- _____ A Preliminary Development Plan Revision that is not accompanied by changes to the Project Text or results in fewer lots or units, or a smaller building footprint does not require an advertised public hearing and may be reviewed as a Subdivision Plat.
- _____ A map showing all properties within 500 ft. of any property line of the subject property.
- _____ A list of the names and addresses of the owners within 500 ft. on mailing labels.
- _____ Post sign for Zoning Hearing & complete Affidavit for Sign Posting <http://www.obms.us/planning-and-zoning-forms/>
- _____ Include electronic / digital copies of all application materials and exhibits.
- Additional information may be required

CHECKLIST 7- CIVIL SITE PLAN / DESIGN REVIEW

NO FEE

- _____ Follow the Civil Site Plan / Design Review Plan Submittal Requirements Checklist, found at the link below:
<http://www.obms.us/planning-and-zoning-forms/>
- _____ Applicants are advised that there is a list of "Mandatory" design requirements and "Optional" design provisions.
- _____ If a metal building is proposed, elevations, materials, color samples, and a preliminary site plan may be submitted in advance of the full civil site package to obtain required approval from the Design Review Committee.

Additional information may be required

- _____ One (1) large paper format set **no larger than 18" X 24"** and two (2) small format sheets 11" X 17".
- _____ Copy of the Warranty Deed.
- _____ Digital copies of all application materials and exhibits.
- _____ For plat revisions or applications to vacate a plat, list the names of the persons to be adversely affected by or directly interested in the application. Applicant must show proof that such persons have been made aware of the application and agreed in writing to the revision or vacation.

_____ Required Plat Features

- Name of the subdivision - Name of the owner or developer - Contact information of surveyor
- Graphic Scale - North Arrow -Date Acreage - Zoning Classification - Township, Range, and Section
- Location or Vicinity Map showing the relationship of the subject property to the area
- Lot lines, Lot numbers and Common Open Space, if applicable.
- Location of streets, Right of Ways, and easements.
- Location of all survey monuments and their descriptions.
- Label all adjacent parcels and subdivisions.
- Include the radii, arcs or chords, points of tangency and central angles for all curvilinear streets and radii for rounded corners.
- FEMA Flood note.

For a complete list of required plat features see [Appendix B](#): Subdivision Regulations, [Article IV](#): Procedure, [Section F](#): Data for Preliminary Plat and [Section H](#): Data for Final Plat of the City Ordinance.

After Board approval submit the following to the Planning Department.

- Two (2) sets of Paper plats no larger than 18" X 24". Both copies must have the notarized signature of **ALL** property owner(s) and mortgage holder(s) and the Mississippi registration number and legal seal of the registered engineer or land surveyor.
- 2 CDs (or 1 thumb drive) with a PDF and DWG file of the plat.
- A letter of opinion of title by an attorney. The letter of opinion shall identify and verify all property owner(s) and mortgage holder(s).
- Cash or check made out to the DeSoto County Chancery Clerk to be dropped off or mailed to the office of Land Records in the amount as follows. Please label the check with the name of the plat and note that it will be submitted for Olive Branch.

Plat - \$26.00 for first 5 (five) pages; each additional page more than 5 (five) \$1.00. Each additional subdivision lot or section NO FEE.

Covenants (if apply) - \$26.00 for the first 5 (five) pages + \$1 per page thereafter.

Warranty Deed / Easement / Quitclaim / Right of Way / Trustee's / Timber (if apply) - \$26.00 for the first 5 (five) pages; + \$1 per page thereafter.

See link for Covenant formatting standards: http://deeds.desotocountymys.gov/Document_Formatting_Standards.pdf

Properties with Covenants shall add the following block to the plats:

LOTS _____ ARE SUBJECT TO THE DECLARATION OF COVENANTS, CONDITIONS, AND RESTRICTIONS AS RECORDED WITH W. BOOK _____ AND PAGE # _____ IN THE OFFICIAL RECORDS OF DESOTO COUNTY, MS.

PLEASE CHECK ALL SIGNATURE BLOCK WORDING TO BE CORRECT.

Failure to provide material listed above may result in delays.

Final Plats must be recorded at the County's Chancery Clerk Office within one year or it will lose its validity