

## St. Bernard Parish Government

Department of Community Development  
8201 West Judge Perez Drive  
Chalmette, LA, 70043  
Office: 278-4310 Fax: 278-4298



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## MINOR SUBDIVISION APPLICATION AND CHECKLIST (INVOLVING OR RESULTS IN 5 OR FEWER LOTS)

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If you wish to combine two or more existing lots into a single lot, divide an existing lot into two or more smaller lots, or revise the boundaries between two or more lots, you must apply for a "resubdivision." Resubdivision is the process by which property boundaries are legally established or changed and ultimately recorded via legal documents that are maintained in the Clerk of Court's office. The fee is **\$200**. You will also be billed for public notice advertising costs and recordation fees associated with your request.

Your request will be presented at a public hearing where the Planning Commission will vote to approve or deny it.

The information below will help you assemble all the materials you will need in order to apply for a resubdivision of your property. If you need additional assistance or guidance, please feel free to contact Community Development staff at **(504) 355-4429**.

### GENERAL INFORMATION

You may create up to five (5) lots from a single parcel, as long as the original parcel is no larger than two acres. **You will need to have a survey of your property prepared by a licensed Louisiana land surveyor.** The survey will depict exactly how you wish your property to be divided or combined, and should be submitted on 11" x 17" sheets and in .dwg format. If the subject property is too large to clearly depict on an 11" x 17" sheet, the survey may be on sheets measuring up to 24" X 36".

#### The survey must show the following:

- The location of all existing property lines, streets, buildings, servitudes or easements, and other significant features within the area(s) to be subdivided.
- Title block containing description of the proposed subdivision. Example: "A re-subdivision of Lots 56 and 57, Your Subdivision, Phase 2 into Lot 57-A" or "A re-subdivision of Lot 94, My Subdivision Extension, into Lots 94-A and 94-B"
- "Date approved" line
- Approval signature line, labeled "Secretary, St. Bernard Parish Planning Commission"
- Location of any fire hydrant within 500 feet of the subject properties. Each hydrant depicted shall also be accompanied radius of 500 feet drawn around it, with any area beyond that radius to be labeled as a "no-build zone"
- North arrow
- Written and graphic scale
- Vicinity map

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### APPLICATION INSTRUCTIONS

- 1) Bring eight **(8) signed-and-stamped original copies** of your survey and **a disc containing the .dwg (auto-cad) file** of your survey to the Department of Community Development.
- 2) You will also need to provide a **copy of the recorded title/deed** or other proof of ownership for all property to be involved in the re-subdivision process. If ownership is held by more than one individual, the names, addresses, and signatures of all owners must be provided on the application form. If you do not have a copy of your property title(s), you can obtain one from the Clerk of Courts Office. Call (504) 271-3434 for more information.
- 3) If you are acting on behalf of owners/co-owners that will not be present, each of them must authorize you, in writing, to act as their agent/representative in the resubdivision action. If you already have power-of-attorney, you need only present those documents at the time of application. Otherwise, each owner will need to execute an **Agent Authorization Form** which must be signed before a notary public. That notarized form must be presented at the time of application.
- 4) Make check or money order payable to "**St. Bernard Parish Government**".
- 5) After you have submitted this application with the Department of Community Development, you will also **need to submit** an application with the departments/agencies listed below:

We recommend that you contact each department in advance to obtain specific information.

- Department of Public Works **(504) 278-4314**
- St. Bernard Parish Water and Sewerage **(504) 278-5812**
- Louisiana Dept. of Health and Hospitals ("health department") **(504) 281-2780**

*\*\*Please note that each has its own application procedures, forms and fees separate from those required in the Department of Community Development. \*\**

The subdivision process can be confusing at times, so please feel free to contact our staff at (504) 355-4429 with any questions you may have.

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Date: \_\_\_\_\_

Received by: \_\_\_\_\_

Tracking Number: \_\_\_\_\_

**MINOR SUBDIVISION APPLICATION  
(INVOLVING OR RESULTS IN 5 OR FEWER LOTS)**

Hearing Date: \_\_\_\_\_

Case number: \_\_\_\_\_

The undersigned owner (or his/her authorized agent) hereby applies to the St. Bernard Parish Planning Commission for approval of a minor resubdivision (involves or results in 5 for fewer lots) of the property/properties described below:

Municipal address: \_\_\_\_\_

Site location/legal description: \_\_\_\_\_

**I/we hereby certify that I am the owner of the above-described property or the owner's authorized agent (use additional sheets if necessary):**

\_\_\_\_\_  
Owner or agent name (print)

\_\_\_\_\_  
Owner or agent name (print)

\_\_\_\_\_  
Owner or agent signature

\_\_\_\_\_  
Owner or agent signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and ZIP

\_\_\_\_\_  
City, State and ZIP

\_\_\_\_\_  
Telephone / Email

\_\_\_\_\_  
Telephone / Email

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**AUTHORIZED AGENT / ATTORNEY-IN-FACT FORM**

The undersigned owner/owners of the property described in the application hereby designate

\_\_\_\_\_

as the authorized agent/attorney-in-fact with the following powers and authority to do all things that may be required in order to apply for a variance, rezoning, or subdivision on said property, including but not limited to completion and execution of applications, receipt of notices, execution of acknowledgments, attendance and presentations of evidence at all hearings and execution of agreements.

OWNER SIGNATURE \_\_\_\_\_

OWNER NAME (PRINT) \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

AGENT SIGNATURE \_\_\_\_\_

AGENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

State of \_\_\_\_\_

I, the undersigned Notary Public, hereby certify that

\_\_\_\_\_ whose name(s) is/are signed to the foregoing DESIGNATION OF AUTHORIZED AGENT(S)/ATTORNEY(S)-IN-FACT has /have acknowledged to me under oath that they have read and understand the foregoing and executed same before me on this day.

Given under my hand and Official Seal this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_,

Commission Expires