



St. Charles Parish  
 Department of Planning & Zoning  
**MINOR RESUBDIVISION**

OFFICE USE	
Submittal Date	_____
Received By	_____
Receipt #	_____
Case #	_____

**APPLICANT INFORMATION**

Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PROPERTY INFORMATION**

Municipal Address (if assigned): \_\_\_\_\_

Lot, Block, Subdivision: \_\_\_\_\_

**APPLICATION CHECKLIST** (review process does not begin until all items below are submitted):

- \_\_\_\_ 1. Application with notarized endorsement of all property owners (see page bottom)  
 \*If the owner is a corporation, a corporate resolution authorizing the representative must be provided
- \_\_\_\_ 2. Resubdivision Plat (6 originals) by a licensed professional surveyor
- \_\_\_\_ 3. Act of Sale or Deed for all property (copies available at Clerk of Courts Office)
- \_\_\_\_ 4. Application Fee: \$50 + \$10 per resulting lot<sup>1</sup>  
<sup>1</sup>Any lot on the subdivision plat with a new lot name/number, including the remainder of the existing lot.

**MINOR SUBDIVISION PROCESS**



<sup>1</sup>The Planning Department will work directly with the surveyor for any minor revisions required for the plat.  
<sup>2</sup>For resubdivisions requesting waivers and approved by the Planning Commission.  
<sup>3</sup>The approved and recorded plat will be sent to the mailing address provided.

<b>I/we swear to be the sole owner(s) of the property in this request and endorse this application.</b>	
_____	_____
(Signature)	(Print)
_____	_____
(Signature)	(Print)
_____	_____
(Signature)	(Print)
_____	_____
(Notary signature & seal)	(Date)