



P.O. Box 1240 - 144 Shelby Speights Purvis, Mississippi 39475 Phone: 601.794.1024

www.lamarcountvms.gov

GENERAL APPLICATION FORM (Answer as many fields as possible, staff may assist upon request)		Date: Case No.:		
( ) Rezoning (Change)		PPIN	Number:	
( ) Conditional Use	Plan Commission Hearing Date:		Action:	
( ) Variance	Board of Supervisors Hearing Date: _		_ Action:	
( ) Sign Design Standards	Style Payment: Cash/ CK/ CC C	K#/ CC Trans	saction #:	
Request:				
Property Location:				
<ul> <li>any questions or comments</li> <li>( ) All appeals of a Planning Co</li> <li>( ) A copy of the entire Deed for</li> </ul>	Representative(s) must be present at the Plabout the project.  mmission action must be filed within 15 days the property must be submitted; the owner less submitted for all Variances and Condition for Rezonings.	s of the Comr	mission's vote.	
				_
Mailing Address:	City:			
Primary Telephone:	Email:			
CURRENT OWNER(S) OF PROP	ERTY			
Name:				_
Mailing Address:	City:S	State:	Zip:	
Primary Telephone:	Email:			
WITNESS THE SIGNATURE(S) o	f the <b>OWNER(S)</b> of the subject property ref	erenced abov	e	
on this the day of	, 20			
Owner(s) Signature- (Representative/	Applicant is not allowed unless same as owner. C	Corporate owne	ers shall provide p	oosition or title.)
STATE OF				
COUNTY OF				
Personally, came and appeared before who signed and delivered the above a therein mentioned, and who acknowled Application.	ore me, within named	act and deed ubject proper	on the day and ty as described	the year in this Petition
GIVEN UNDER MY HAND AND C	OFFICIAL SEAL OF NOTICE, thus the	day	of	, 20
	NOTARY PUBLIC			
	My Commission Expires:	SEAL ACCEPT	ED)	