



FOR OFFICE USE ONLY:

No. _____

Date: _____

APPLICATION FOR STANDARD LEASE OF PUBLIC TRUST TIDELANDS

1. APPLICATION BY: (Please check ONE)

_____ Individual _____ Partnership _____ Corporation _____ Public Agency

Applicant's Name: _____

Address: _____

Telephone: (____) _____ Business (____) _____ Other

Email: _____

Preferred Communication:
(Check One)

- Email
 Mail (USPS)

2. APPLICANT'S ATTORNEY AND/OR AUTHORIZED AGENT (IF APPLICABLE)

Name: _____

Address: _____

Telephone: (____) _____ Email: _____

3. GEOGRAPHIC LOCATION OF SUBMERGED LAND: (Attach vicinity map - preferably a reproduction of appropriate portion of current United States Geological Survey Quadrangle Map)

_____ Section _____ Township _____ Range _____ County

Nearest City/Community: _____

Name of Waterbody (if any): _____

Estimated area of project (square feet): _____

4. PLANNED USE OF TIDELANDS: (Check All that Apply)

Commercial
 Industrial
 Residential
 Recreational

Private
 Public
 Other (Please Explain): _____

5. **CONSTRUCTION OF PROPOSED IMPROVEMENTS:**

<input type="checkbox"/>	New	<input type="checkbox"/>	Renovation/Expansion		
<input type="checkbox"/>	Boat Slip	Length _____	Width _____	Depth _____	
<input type="checkbox"/>	Marina	Length _____	Width _____	Depth _____	
<input type="checkbox"/>	Wharf-Pier	Length _____	Width _____	Depth _____	
<input type="checkbox"/>	Docking	Length _____	Width _____	Depth _____	
<input type="checkbox"/>	Other: (Please Explain): _____				

6. **PROJECT SCHEDULE:**

Proposed start date: _____

Proposed completion date: _____

Estimated cost of project: _____

7. **RIPARIAN OWNERSHIP: (Attach true copy of evidence of title for upland riparian property or, if applicable, notarized assignment and assignor's evidence of title)**

Upland Riparian Owner (if different from applicant):

Name: _____

Address: _____

Telephone: (____) _____ (____) _____

Business Other

8. **LOCATION OF RIPARIAN PROPERTY:**

Subdivision, Block and Lot No.: _____

Assessor's Parcel No. _____ Size (square feet) _____

Zoning Classification: _____

Will tidelands project necessitate change in present upland zoning classification? Yes / No

If yes, please list any rezoning change(s), indicating status of approval _____

Value of upland riparian parcel as listed on County Tax Assessor's Roll \$ _____

Please describe improvements on upland riparian parcel: _____

9. DESCRIBE ALL ACTIVITIES TO BE CONDUCTED ON THE LEASED PROPERTY: _____

If the property to be leased is to be used for any purpose other than single family residential property, attach two (2) prints of a survey prepared, signed and sealed by a person properly registered as a land surveyor by the Mississippi State Board of Registration for Professional Engineers and Land Surveyors with the following requirements:

- (1) Utilizing an appropriate scale on 8½” x 11” size paper, unless a larger size is necessary to provide sufficient clarity and detail;
- (2) Showing the line of mean high tide, if any;
- (3) Showing the location of shoreline and submerged vegetation, if any;
- (4) Showing the location of any proposed structures and all existing structures, if any;
- (5) Showing the applicant’s or assignor’s upland parcel property lines, if property to be leased abuts on property which is outside the public trust;
- (6) Showing the primary navigation channels or direction to the center of the affected waterbody; and
- (7) Including a legal description of area to be leased with State Plane coordinates of reference point.

If the property to be leased is to be used as a single family residential property, attach two (2) copies of dimensioned site plan drawing(s) with the following requirements:

- (1) Utilizing an appropriate scale on 8½” x 11” size paper;
- (2) Showing the approximate water’s edge;
- (3) Showing the location of shoreline vegetation, if any;
- (4) Showing the location of the existing structures and proposed structures, if any;
- (5) Showing the applicant’s upland parcel property lines, if property to be leased abuts on property which is outside the public trust;
- (6) Showing the primary navigation channels or direction to the center of the affected waterbody; and
- (7) Including a legal description of area to be leased.

10. LIST ALL APPROVALS OR CERTIFICATIONS RECEIVED OR APPLIED FOR FROM FEDERAL, STATE OR LOCAL AGENCIES FOR ANY STRUCTURES, CONSTRUCTION, OR OTHER ACTIVITIES DESCRIBED IN THIS APPLICATION.

<u>AGENCY</u>	<u>Approval Type</u>	<u>Application No.</u>	<u>Approval Date</u>
U.S. Army Corps of Engineers	_____	_____	_____
Dept. of Marine Resources	_____	_____	_____
MDEQ, Office of Pollution Control	_____	_____	_____
City/County	_____	_____	_____
Other	_____	_____	_____

Explanation, if applicable: _____

NOTE: ANY OF THE APPROVALS OBTAINED MUST BE SUBMITTED AS AN ATTACHMENT TO THIS APPLICATION ALONG WITH DETAILED PLAN OR PLOT OF LEASED AREAS, VICINITY MAPS, OWNERSHIP MAPS, STRUCTURAL PLANS OR CONSTRUCTION BLUEPRINTS.

11. ATTACH SATISFACTORY EVIDENCE OF OCCUPANCY AND PAYMENT OF TAXES BY THE APPLICANT AND/OR HIS PREDECESSOR IN INTEREST PRIOR TO JULY 1, 1973, IF APPLICABLE, OR A STATEMENT ACKNOWLEDGING OCCUPANCY OF THE PROPERTY COMMENCED ON OR AFTER JULY 1, 1973.

12. TERM OF LEASE:

Request the lease be granted for _____ years with the option to renew for _____ years upon expiration of the primary term.

NOTE: MAXIMUM TERM IS FORTY (40) YEARS AND MAXIMUM RENEWAL TERM IS TWENTY-FIVE (25) YEARS.

13. PUBLIC ACCESS: (Please circle ONE) ALLOWED NOT ALLOWED

If public access is allowed, please describe extent of available public access and all barriers or hindrances thereto.

If public access is not allowed, please state reasons for restriction.

If the facility includes a marina, will at least 50% of berths be available for use by members of the general public at the same rates charged other customers and/or members? (Please circle ONE)

YES / NO

14. SIGNATURE AND CERTIFICATION:

All statements contained above and attached exhibits are true and correct to the best of my knowledge and belief. I agree to provide any additional data or information which may be required or requested by the Secretary of State's Office.

I enclose a non-refundable application processing fee in the amount of:

<input type="checkbox"/>	\$50.00 for single family residential use
<input type="checkbox"/>	\$150.00 for all other uses

Signature of Applicant or Agent

Date

Title