



ST. TAMMANY PARISH

MICHAEL B. COOPER
PARISH PRESIDENT

Act of Correction Application

Subdivision Name, Phase: _____

Reason for Act of Correction: _____

Applicant Name: _____

Applicant Address: _____

Street City State Zip Code

Applicant Phone No.: _____

(Business) (Cell) (Fax)

Applicant E-mail: _____

Surveyor Name: _____

Surveyor Address: _____

Street City State Zip Code

Surveyor Phone No.: _____

(Business) (Cell) (Fax)

Surveyor E-mail: _____

Please provide the following:

- A written request to be placed under "Old Business" on Planning Commission Agenda submitted to Development - Engineering
- Act of Correction Fee - \$250.00
A 3% processing fee will be added to all credit card/e-check transactions as per STP Ordinance No. 18-3961, effective October 5, 2018.
- Draft Act of Correction for review by Development - Engineering and the 22nd District Attorney's office
- Three (3) original, signed and notarized Acts of Correction for execution and recordation after draft Act of Correction has been approved

I hereby certify that all information provided relative to the Act of Correction submission is true, accurate and correct and in accordance to St. Tammany Parish code requirements.

APPLICANT OR DESIGNEE

DATE (SIGNATURE)