



CHANGE OF ZONING DISTRICT APPLICATION

TO SUBMIT APPLICATION ONLINE VISIT WWW.MYGOVERNMENTONLINE.ORG

OFFICE USE ONLY

Docket No: _____	Date Requested: _____
Meeting Date: _____	Zoning District: _____
Parcel #: _____	Flood Zone: _____
Council District / At Large: _____	Historic District: Y / N Design Rev. Corridor: Y / N
Lot, Sq., Subdivision: _____	

APPLICANT INFORMATION

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

PROPERTY OWNER INFORMATION (ALL owners must be listed and must sign)

Same as above? (circle one) **YES / NO** If **NO**, has the authority of the applicant to act on behalf of the property owner been verified with a signed, dated, and notarized endorsement? Complete page 4.

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

PROPERTY INFORMATION

Property Address: _____

Change of zoning classification from _____ District to _____ District

Subdivision: _____

Parcel #: _____

Property Size (square feet): _____

Applicant's Signature

Date



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PROPERTY USE

1. Present use of property and structures thereon:

2. Describe the proposed use:

3. Describe the impact of proposed change to surrounding lands/areas:

4. Has there ever been a petition to change the zoning of this property? (circle one) **YES / NO**

If YES, please describe: _____

SUBMITTAL REQUIREMENTS

- Completed and signed application.
- Recorded copy of Act of Sale, Judgment of Possession, or Deed to the property.
- Survey or plat showing the dimensions, acreage, and location of tract prepared and stamped by an architect, engineer, or surveyor (PLS).
- List of all property owners abutting the property for which an application is being filed (see attached).
- Payment of fees; payable by credit card, check or money order to: "St. John Parish Council".

NOTE: St. John the Baptist Parish has not examined nor reviewed the title of any portion of land in this application, or any restrictive covenants or restrictions placed on said property. Any action of the Parish in this matter does not: (1) imply that the applicant's title or ownership is valid, (2) that there are or are not any restrictive covenants or other restrictions on said property, or (3) that any restrictive covenants or restrictions that may be on said property are enforceable or are not enforceable.

NOTE: Within sixty (60) days of submission of minimum application requirements, this application will become null and void. By signature of this application, the applicant agrees and understand that all permit fees are non-refundable.

NOTE: This request MUST be approved by Council.

Applicant's Signature

Date



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PROCESSING FEES
(to be completed by office personnel)

<input type="checkbox"/> CHANGE TO RESIDENTIAL Base Fee \$ 50.00/ acre # acres _____ x \$50.....\$ _____ (\$200.00 minimum; \$800.00 maximum) Recordation Fee.....TBD Technology Fee.....\$ 10.00 TOTAL\$ _____	<input type="checkbox"/> CHANGE TO COMMERCIAL Base Fee\$ 50.00/ acre # acres _____ x \$50.....\$ _____ (\$250.00 minimum; \$7,000.00 maximum) Recordation Fee.....TBD Technology Fee.....\$ 10.00 TOTAL\$ _____
<input type="checkbox"/> CHANGE TO INDUSTRIAL Base Fee\$ 50.00/ acre # acres _____ x \$50.....\$ _____ (\$250.00 minimum; \$7,000.00 maximum) Recordation Fee.....TBD Technology Fee.....\$ 10.00 TOTAL\$ _____	<input type="checkbox"/> CHANGE TO RURAL Base Fee\$250.00 Recordation Fee.....TBD Technology Fee.....\$ 10.00 TOTAL\$ _____

Applicant's Signature

Date



ST. JOHN

PLANNING & ZONING

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ABUTTING PROPERTY OWNERS

List all owners of land immediately adjoining the requested rezoning as their name and address appears on the Parish assessment rolls (www.stjohnassessor.org).

Name:

Address:

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

JACLYN HOTARD
Parish President



TARA LAMBETH
PhD, AICP, CFM
Director

ST. JOHN
PLANNING & ZONING

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OWNER'S ENDORSEMENT

(please print clearly)

I _____ being duly sworn, depose that I reside at
Owner(s) / Corporation
_____, _____ in the Parish
Street City
of _____ and State of _____ and that I am
Parish State
the owner of the property described as _____ and that I have authorized
Address
_____ to make the foregoing petition for a Change of Zoning District.
Applicant

Signature of owner(s) of property or authorized agent

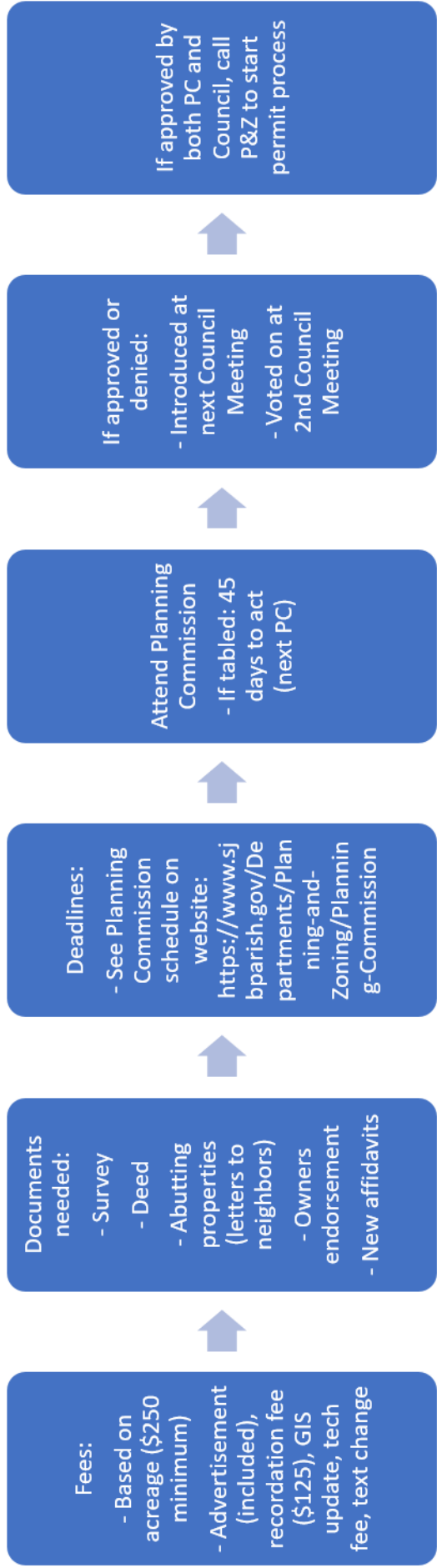
SWORN TO ME THIS _____ DAY OF _____, _____

NOTARY PUBLIC

Print name of Notary: _____

Bar roll #: _____

Change of Zoning District Process





PROCESS TIMELINE ACKNOWLEDGEMENT

OFFICE USE ONLY

Docket No: _____	Project/Permit Type: _____		
Applicant: _____			
Best Contact Number: _____	Email: _____		
Meeting: <input type="checkbox"/> Historic District	<input type="checkbox"/> ZBA	<input type="checkbox"/> Planning Commission	<input type="checkbox"/> Council

Application received: _____

P&Z Meeting Date: _____

Council Meeting Date: _____
(if applicable)

- I understand and acknowledge the meeting date listed above and agree to appear or have a representative present at the P&Z meeting.
- I understand and acknowledge failure to attend will result in the request being tabled and will delay this process.
- I understand and acknowledge that the Planning Commission serves as an advisory board to the Council. Therefore, final approval or denial is determined by the Parish Council (as applicable).
- I understand and acknowledge that all fees are non-refundable.

Applicant's Signature

Date

Rec'd By: _____ on _____