



ST. JOHN
PLANNING & ZONING

SUBDIVISION 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 5.

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

SUBDIVISION INFORMATION

Subdivision Name: _____

Preliminary Plat

Resubdivision of Existing

Conditional Plat

Administrative Resubdivision

Final Plat

Family Resubdivision

Total Acreage: _____ Total Square Footage: _____

Current # of lots: _____ Proposed # of lots: _____

Property Address: _____ Zoning District: _____

Applicant's Signature

Date



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SUBDIVISION INFORMATION (continued):

List bounding streets, railroads, canals, or landmarks immediately abutting the property: _____

Has the subdivision ever been before the Planning Commission? (circle) **YES / NO**

If **YES**, when? _____ Describe application/approval: _____

Describe changes made to the plat/property since this approval: _____

Is a modification from the Subdivision Regulations being requested? (circle) **YES / NO**

If **YES**, please describe: _____

Current use of property: _____

Proposed use of property: _____

SUBMITTAL REQUIREMENTS

- Completed and signed application.
- Recorded copy of Act of Sale, Judgement of Possession, or Deed to the property.
- Five (5) stamped copies of the proposed subdivision/resubdivision plat.
- 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.

Applicant's Signature

Date



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OWNER'S AFFIDAVIT OF UNDERSTANDING

I (We), do hereby understand that this plat and the development of this area shall comply with all the requirements of the State of Louisiana pertaining to the zoning, subdivision and development of land within St. John the Baptist Parish, State of Louisiana, and that this plat shall not be accepted for review until all required items have been submitted in the proper manner, to the Parish Council, or its duly authorized representative, and all required fees have been paid and received by the Parish Council or its duly appointed representative. I (We) further understand that St. John the Baptist Parish has not examined nor reviewed the title of any portion of land shown, nor any restrictive covenants or restrictions placed thereon. I (We) understand that any action to affirm this subdivision request does not imply: (1) that the applicants' title or ownership is valid, (2) that there are or are not any restrictive covenants on the property, or (3) that any restrictive covenants or restrictions that may be on the property are enforceable or are not enforceable.

Owner's Signature

Date

Owner's Signature

Date

SWORN TO ME THIS _____ DAY OF _____, _____,

NOTARY PUBLIC

Print name of Notary: _____

Bar roll #: _____



RESIDENTIAL PERMIT APPLICATION

OFFICE USE ONLY

Docket No: _____

PROCESSING FEES

(to be completed by office personnel)

<p><input type="checkbox"/> PRELIMINARY</p> <p>Advertisement\$ 50.00</p> <p>Preliminary Plat.....\$200.00</p> <p>Lot # _____ x \$5.....\$ _____</p> <p>Technology Fee.....\$ 10.00</p> <p>TOTAL.....\$ _____</p>	<p><input type="checkbox"/> FINAL</p> <p>Advertisement\$ 50.00</p> <p>Preliminary Plat.....\$225.00</p> <p>GIS Update.....\$ 50.00</p> <p>Recordation Fee..... TBD</p> <p>Technology Fee.....\$ 10.00</p> <p>TOTAL.....\$ _____</p>
<p><input type="checkbox"/> CONDITIONAL</p> <p>Conditional Plat.....\$200.00</p> <p>Lot # _____ x \$20.....\$ _____</p> <p>Inspection Fee\$ _____ (\$1.50 / linear feet of street)</p> <p>Technology Fee.....\$ 10.00</p> <p>TOTAL.....\$ _____</p>	<p><input type="checkbox"/> RESUBDIVISION</p> <p>Advertisement.....\$ 50.00</p> <p>1st two (2) lots.....\$ 50.00</p> <p>Remaining Lot # after 2 _____ x \$10 = \$ _____</p> <p>GIS Update.....\$ 50.00</p> <p>Recordation Fee..... TBD</p> <p>Technology Fee.....\$ 10.00</p> <p>TOTAL.....\$ _____</p>

Applicant's Signature _____

Date _____



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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 subdivision/resubdivision application.

Applicant

Signature of owner(s) of property or authorized agent

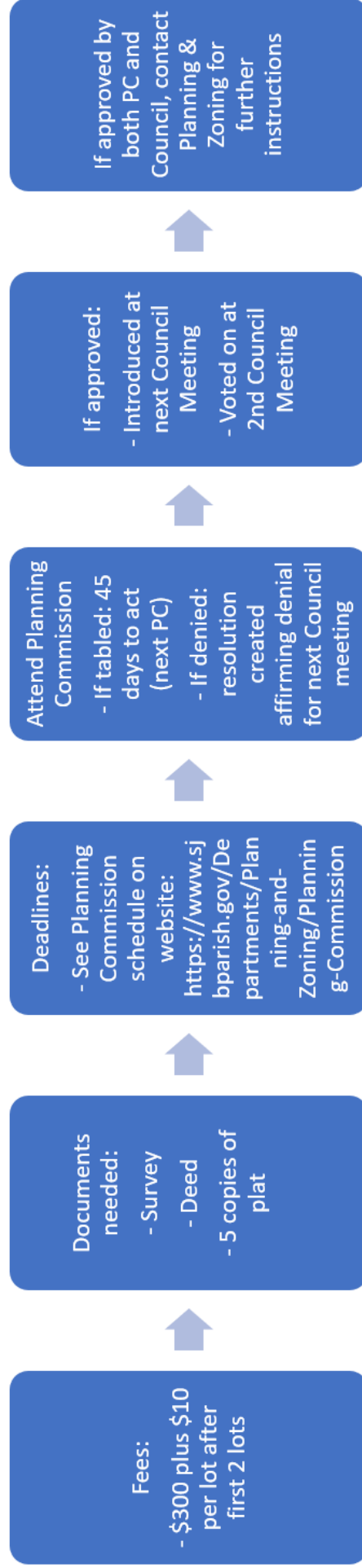
SWORN TO ME THIS _____ DAY OF _____,

NOTARY PUBLIC

Print name of Notary: _____

Bar roll #: _____

Resubdivision 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 _____