

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 #:			
Council District / At Large:		Historic District: Y / N	Design Rev. Corridor: Y / N
Lot, Sq., Subdivision:			
APPLICANT INFORMATION			
Name:			
Mailing Address:			
Phone:	Email:		
Name: Mailing Address: Phone:			
PROPERTY INFORMATION			
Property Address:			
Change of zoning classification from		District to	District
Subdivision:			
Parcel #:			
Property Size (square feet):			
Applicant's Signature		Date	



OFFICE USE ONLY		
Docket No:		
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		
\square Completed and signed application.		
\square 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).		
\Box List of all property owners abutting the property for which an application is being filed (see attached).		
\square 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 applican agrees and understand that all permit fees are non-refundable.		
NOTE: This request MUST be approved by Council.		
Applicantly Clauston		
Applicant's Signature Date		





OFFICE USE ONLY		
Docket No:		
PROCES	SING FEES	
(to be completed	by office personnel)	
☐ CHANGE TO RESIDENTIAL	☐ CHANGE TO COMMERCIAL	
# acresx \$50\$	# acresx \$50.00/ acre # acresx \$50\$ (\$250.00 minimum; \$7,000.00 maximum) Recordation FeeTBD Technology Fee\$ 10.00 TOTAL\$ \$	
☐ CHANGE TO INDUSTRIAL	☐ CHANGE TO RURAL	
# acresx \$50\$	Base Fee\$250.00 Recordation Fee	
Applicant's Signature	Date	



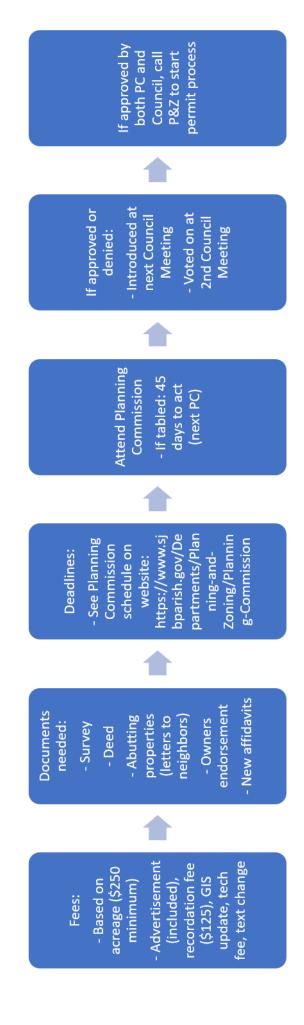
OFFICE USE ONLY				
Docket No	o:			
ABUTTING PROPERTY OWNERS List all owners of land immediately adjoining the requested rezoning as their name and address appears on the Parish assessment rolls (www.stjohnassessor.org).				
Name:			Address:	
1)				
2)				
3)		-		
4)		-		
5)		-		
6)		-		
7)		_		
8)				





OFFICE USE ONLY			
Docket No:	_		
<u>c</u>	DWNER'S ENDORSEMENT (please print clearly)		
Owner(s) / Corporation	being duly sworn, de	epose that I reside at	
Street		City	in the Parish
of	and State of	State	and that I am
the owner of the property described as	Address	and that I have	e authorized
Applicant	to make the foreg	oing petition for a Ch	ange of Zoning District.
Signature of owner(s) of property or authorized agent			
SWORN TO ME THISDAY OF		,	
NOTARY PUBLIC			
Print name of Notary:			

Change of Zoning District Process





PROCESS TIMELINE ACKNOWLEDGEMENT

OFFICE USE ONLY			
Docket No:		Project/Permit Type:	
Applicant:			
Best Contact Number:		Email:	
Meeting: Historic District	☐ ZBA	☐ Planning Commission	☐ Council
Application received:			
P&Z Meeting Date:			
Council Meeting Date:(if ap	plicable)		
☐ I understand and acknowledge the me present at the P&Z meeting.	eting date listed	above and agree to appear or have	e a representative
$\ \square$ I understand and acknowledge failure	to attend will res	sult in the request being tabled and	will delay this process.
☐ I understand and acknowledge that th final approval or denial is determined			to the Council. Therefore,
☐ I understand and acknowledge that all	fees are non-ref	undable.	
Applicant's Signature		Date	
Rec'd Bv: on			