

JACLYN HOTARD
Parish President



ST. JOHN

PLANNING & ZONING

HISTORIC 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: _____

APPLICATION FOR: CERTIFICATE OF APPROPRIATENESS DISTRICT or LANDMARK DESIGNATION

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 3.

Name: _____
Mailing Address: _____
Phone: _____ Email: _____

PROPERTY INFORMATION

Property Address: _____
Subdivision: _____ Lot #: _____ Parcel #: _____
Property Size (square feet): _____

PLEASE DESCRIBE PROJECT IN DETAIL:

Value: \$ _____ Square Footage: _____

Applicant's Signature

Date

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SUBMITTAL REQUIREMENTS

- Completed and signed application.
- Recorded copy of Act of Sale, Judgment of Possession, or Deed to the property.
- Payment of fees; payable by credit card, check or money order to: "St. John Parish Council".

AS NEEDED SUBMITTAL REQUIREMENTS

- Color Samples.
- Door & Window Detail.
- Copy of Contractor's License.
- Elevations & Floor Plan.
- Material Samples (if applicable).
- Photos (before).
- Plans & Specifications.

FEES

- | | |
|-----------------------------------|----------|
| 1. Certificate of Appropriateness | \$ 50.00 |
| 2. Technology Fee | \$ 10.00 |

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 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 Historic District Application.
Applicant

Signature of owner(s) of property or authorized agent

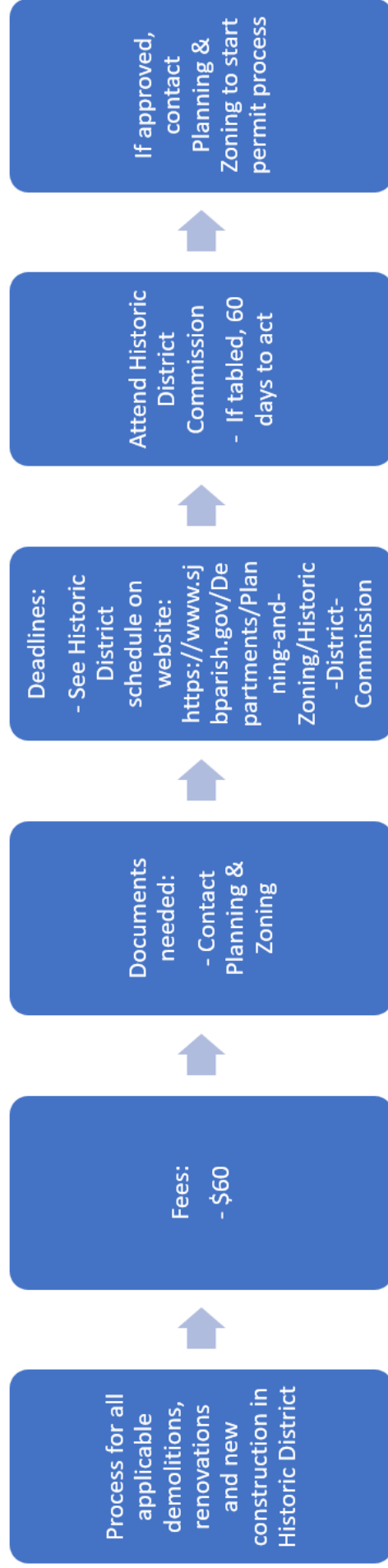
SWORN TO ME THIS _____ DAY OF _____,

NOTARY PUBLIC

Print name of Notary: _____

Bar roll #: _____

Historic District Process



JACLYN HOTARD
Parish President



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 _____