

JACLYN HOTARD  
Parish President



**ST. JOHN**  
PLANNING & ZONING

**CHANGE OF ZONING DISTRICT APPLICATION**

TO SUBMIT APPLICATION ONLINE VISIT [WWW.MGOCONNECT.ORG/CP/PORTAL](http://WWW.MGOCONNECT.ORG/CP/PORTAL)

**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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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**

- 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.*

*NOTE: All fees will be doubled for all after-the-fact permits and when information provided on an application is falsified. All fees are non-refundable.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



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**PROCESSING FEES**  
(to be completed by office personnel)

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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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](http://www.stjohnassessor.org)).

**Name:**

**Address:**

1) \_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_

4) \_\_\_\_\_

\_\_\_\_\_

5) \_\_\_\_\_

\_\_\_\_\_

6) \_\_\_\_\_

\_\_\_\_\_

7) \_\_\_\_\_

\_\_\_\_\_

8) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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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 #: \_\_\_\_\_



## 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 \_\_\_\_\_

# Change of Zoning District Process

