

JACLYN HOTARD
Parish President



ST. JOHN
PLANNING & ZONING

CONDITIONAL USE PERMIT APPLICATION

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: _____

CONDITIONAL USE PERMIT REQUEST INFORMATION

Proposed Land Use: _____

Location of Property: _____

Subdivision: _____

Square No.: _____ Lot No.: _____ Street No.: _____

Property Size (square feet): _____ Present Use of Property/Structure: _____

Applicant's Signature

Date

JACLYN HOTARD
Parish President



ST. JOHN
PLANNING & ZONING

CONDITIONAL USE PERMIT APPLICATION

OFFICE USE ONLY

Docket No: _____

CONDITIONAL USE INFORMATION

1. Describe in detail the proposed use of the subject property and why such petition is being made:

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

3. 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).
- Complete set of building plans and/or site plans.
- 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

JACLYN HOTARD
Parish President



ST. JOHN
PLANNING & ZONING

CONDITIONAL USE PERMIT APPLICATION

OFFICE USE ONLY

Docket No: _____

PROCESSING FEES	
(to be completed by office personnel)	
<input type="checkbox"/> RESIDENTIAL Base Fee\$ 225.00 # units _____ x \$10.....\$ _____ Recordation Fee..... TBD Technology Fee.....\$ 10.00 TOTAL\$ _____	<input type="checkbox"/> COMMERICAL / INDUSTRIAL Base Fee\$100.00/ acre # acres _____ x \$100.....\$ _____ (\$225.00 minimum; no maximum) Recordation Fee..... TBD Technology Fee.....\$ 10.00 TOTAL\$ _____

Applicant's Signature

Date

JACLYN HOTARD
Parish President



ST. JOHN
PLANNING & ZONING

CONDITIONAL USE PERMIT APPLICATION

OFFICE USE ONLY

Docket No: _____

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 Conditional Use Permit.
Applicant

Signature of owner(s) of property or authorized agent

SWORN TO ME THIS _____ DAY OF _____, _____

NOTARY PUBLIC

Print name of Notary: _____

Bar roll #: _____