

TARA LAMBETH PHD, AICP, CFM Director

CHANGE OF USE / CHANGE OF OCCUPANCY APPLICATION

OFFICE USE ONLY			
Permit No:	Date Requested:		
Date Requested:			
Council District:			
Council District / At Large:	Historic District: Y / N Design Rev. Corridor: Y / N		
Lot, Sq., Subdivision:			
BUSINESS INFORMATION			
Name:			
Address:			
APPLICANT INFORMATION			
Name:			
Mailing Address:			
Phone:	Email:		
verified with	e authority of the applicant to act on behalf of the property owner been a signed, dated, and notarized endorsement? Complete page 3.		
Name:			
Mailing Address:			
Phone:	Email:		
ADDITIONAL INFORMATION			
Description of activities that will occur at the business	address:		
Previous Occupant:			
Square footage of building or tenant space:			
No. of proposed parking spaces:	No. of required parking spaces:		
Applicant's Signature			



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☐ Site plan indicating parking and/or la☐ Health Department approval, if appli	icable call (985)536-3535. I for <u>life safety only</u> required. Contact (225) 925-4911 or submit online at	
Additional requirements may include the formation - Permits, certifications, or approvals - Trade permit or renovation permit Sign permit.	s from state agencies, if applicable (ex. DEQ).	
FEES 1. Change of Occupancy / Use	¢ 100 00	
 Change of Occupancy / Use Planning & Zoning Inspection Fee 	\$ 100.00 \$ 50.00	
Technology Fee	\$ 10.00	
property. Any action of the Parish in this matter does not: (1) imprestrictions on said property, or (3) that any restrictive covenants or the said property.	wed the title of any portion of land in this application, or any restrictive covenants or restrictions placed on said ply that the applicant's title or ownership is valid, (2) that there are or are not any restrictive covenants or other restrictions that may be on said property are enforceable or are not enforceable. lication requirements, this application will become null and void. By signature of this application, the applicant	
Applicant's Signature	Date	





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Permit No:			
<u>ov</u>	WNER'S ENDORSEMENT		
	(please print clearly)		
1	being duly sworn, depose that I reside at		
Owner(s) / Corporation			
		in the Parish	
Street	City		
ofParish	and State of State	and that I am	
the owner of the property described as	and that I have Address	authorized	
	to make the foregoing petition for a Cha	ango of Uso	
Applicant	to make the foregoing petition for a cha	ilige of ose.	
	<u> </u>		
Signature of owner(s) of property or authorized agent			
SWORN TO ME THISDAY OF			
5WONK TO WE THIS			
NOTARY PUBLIC			
Print name of Notary:			
Bar roll #			