

CHANGE OF ZONING DISTRICT APPLICATION

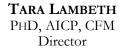
TO SUBMIT APPLICATION ONLINE VISIT WWW.MYGOVERNMENTONLINE.ORG

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			



CHANGE OF ZONING DISTRICT APPLICATION

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		
☐ 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 sa 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 application agrees and understand that all permit fees are non-refundable.		
NOTE: This request MUST be approved by Council.		
Applicant's Signature Date		





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OFFICE USE ONLY					
Docket No:					
	ted by office personnel) CHANGE TO COMMERCIAL				
Base Fee	# acresx \$50 \$				
□ CHANGE TO INDUSTRIAL Base Fee	□ CHANGE TO RURAL Base Fee				



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OFFICE USE ONLY

Docket No	:						
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)		<u> </u>					
2)		_					
3)							
4)		-					
5)		_					
6)		-					
7)		-					
8)		-					



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	OFFICE USE ONLY		
Docket No:			
<u>0\</u>	WNER'S ENDORSEMENT (please print clearly)		
I	being duly sworn, de	pose that I reside at	
Owner(s) / Corporation			
Street	,,	City	in the Parish
ofParish	and State of	State	and that I am
the owner of the property described as	Address	and that I have a	authorized
Applicant	to make the forego	oing petition for a Char	nge of Zoning District.
Signature of owner(s) of property or authorized agent			
SWORN TO ME THISDAY OF	,		
NOTARY PUBLIC	_		
Print name of Notary:			
Bar roll #:			

Change of Zoning District Process

