



ST. JOHN
PLANNING & ZONING

SUBDIVISION 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: _____	

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 5.

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

SUBDIVISION INFORMATION

Subdivision Name: _____

- | | |
|---|---|
| <input type="checkbox"/> Preliminary Plat | <input type="checkbox"/> Resubdivision of Existing |
| <input type="checkbox"/> Conditional Plat | <input type="checkbox"/> Administrative Resubdivision |
| <input type="checkbox"/> Final Plat | <input type="checkbox"/> Family Resubdivision |

Total Acreage: _____ Total Square Footage: _____

Current # of lots: _____ Proposed # of lots: _____

Property Address: _____ Zoning District: _____

Applicant's Signature

Date



SUBDIVISION APPLICATION

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Permit No: _____

SUBDIVISION INFORMATION (continued):

List bounding streets, railroads, canals, or landmarks immediately abutting the property: _____

Has the subdivision ever been before the Planning Commission? (circle) **YES / NO**

If **YES**, when? _____ Describe application/approval: _____

_____ Describe changes made to the plat/property since this approval: _____

_____ Is a modification from the Subdivision Regulations being requested? (circle) **YES / NO**

If **YES**, please describe: _____

Current use of property: _____

Proposed use of property: _____

SUBMITTAL REQUIREMENTS

- Completed and signed application.
- Recorded copy of Act of Sale, Judgement of Possession, or Deed to the property.
- Five (5) stamped copies of the proposed subdivision/resubdivision plat.
- 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.

Applicant's Signature

Date



RESIDENTIAL PERMIT APPLICATION

OFFICE USE ONLY

Permit No: _____

PROCESSING FEES
(to be completed by office personnel)

<input type="checkbox"/> PRELIMINARY Advertisement\$ 50.00 Preliminary Plat.....\$200.00 Lot # _____ x \$5.....\$ _____ Technology Fee.....\$ 10.00 TOTAL\$ _____	<input type="checkbox"/> FINAL Advertisement\$ 50.00 Preliminary Plat.....\$225.00 Recording Fee..... TBD GIS Update.....\$ 50.00 Technology Fee.....\$ 10.00 TOTAL\$ _____
<input type="checkbox"/> CONDITIONAL Conditional Plat.....\$200.00 Lot # _____ x \$20.....\$ _____ Inspection Fee\$ _____ (\$1.50 / linear feet of street) Technology Fee.....\$ 10.00 TOTAL\$ _____	<input type="checkbox"/> RESUBDIVISION Advertisement.....\$ 50.00 1st two (2) lots.....\$ 50.00 Remaining Lot # after 2 _____ x \$10 = \$ _____ GIS Update.....\$ 50.00 Technology Fee.....\$ 10.00 TOTAL\$ _____

Applicant's Signature

Date



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Permit 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 subdivision/resubdivision 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 #: _____

Resubdivision Process

