

TARA LAMBETH PHD, AICP, CFM Director

## **ZONING VERIFICATION APPLICATION**

TO SUBMIT APPLICATION ONLINE VISIT WWW.MYGOVERNMENTONLINE.ORG

| OFFICE USE ONLY   |   |
|---|---|
| Docket No:  | Date Requested:   |
| Parcel #:   | Zoning District:  |
| Council District / At Large:  | Flood Zone:   |
| Lot, Sq., Sub:  | Historic District: Y / N Design Rev Corridor: Y / N   |
| APPLICATION FOR:   ZONING DISTRICT DETERMINATION  | ☐ DETERMINATION OF A LEGAL NON-CONFORMING USE   |
| APPLICANT INFORMATION   |   |
| Name:   |   |
| Mailing Address:  |   |
| Phone: Email:   |   |
| PROPERTY INFORMATION  |   |
| Address:  |   |
| Subdivision:  |   |
| Square No.: Lot No.:  | Street No.:   |
| Property Size (square feet):  | Zoning District:  |
| SUBMITTAL REQUIREMENTS  |   |
| ☐ Completed and signed application.   |   |
| ☐ Payment of fees: \$20 per request, plus a \$10 technological plus a \$1 | gy fee charged on all applications.   |
| $\square$ Any additional information necessary to determine sta   | atus of a legal non-conforming use including but not limited                                |
| to utility bills, appraisals, deeds, surveys, etc.  |   |
| NOTE: St. John the Baptist Parish has not examined nor reviewed the title of any portion property. Any action of the Parish in this matter does not: (1) imply that the applicant's time restrictions on said property, or (3) that any restrictive covenants or restrictions that may be on  | tle or ownership is valid, (2) that there are or are not any restrictive covenants or other |
| NOTE: Within sixty (60) days of submission of minimum application requirements, this agrees and understand that all permit fees are non-refundable.   | s application will become null and void. By signature of this application, the applicant    |
|   |   |
| Applicant's Signature   | Date  |