



West Feliciana Parish
 Planning & Zoning Ordinance
 P.O. Box 1921, 5934 Commerce Street
 St. Francisville, Louisiana 70775
 Phone (225) 635-3864
 Fax (225) 635-3705
 Web Site www.westfelicianaparish-la.gov

APPLICATION FOR SITE PLAN REVIEW

(Pre-Application Conference is Required for Major Site Plan Review and Optional for Minor Site Plan Review)

ADMINISTRATIVE SUMMARY (Staff Use Only)

Application #		Date Submitted		Fee Required		Fee Paid	
Associated Applications (if any)				Assigned Case Manager			
Pre-Application Conference Date				Minor Site Plan	<input type="checkbox"/>	Major Site Plan	<input type="checkbox"/>

APPLICANT/CONTACT INFORMATION

APPLICANT INFORMATION		CONTACT INFORMATION (Same as Applicant? <input type="checkbox"/>)	
Applicant Name		Contact Name	
Address		Address	
City, State, Zip		City, State, Zip	
Telephone		Telephone	
Fax		Fax	
Email		Email	

OWNERSHIP INFORMATION

PROPERTY OWNER OF RECORD 1 INFORMATION (Same as Applicant? <input type="checkbox"/>)		PROPERTY OWNER OF RECORD 2 INFORMATION (If Needed)	
Owner's Name		Owner's Name	
Address		Address	
City, State, Zip		City, State, Zip	
Telephone		Telephone	
Fax		Fax	
Email		Email	

PROJECT SUMMARY

Subject Property Location [Please Include Address and Assessor's Identification Number(s)]			
Parcel 1	Parcel 2	Parcel 3	
Legal Description of Subject Property			
Designated Future Land Use Category	Current Regional Growth Sector	Current Context Area(s)	Current Zone District(s)
Is there an associated request for a Zoning Map Amendment? If yes provide the application Number?			
Current Use of Property	Proposed Use of Property	Proposed Building Type	
Number of Residential Units Proposed	Proposed Gross Residential Density	Commercial Space Proposed Sq. Ft.	

Common Open Space Proposed Sq. Ft.		Primary Open Space Designations (Cluster)		Secondary Open Space Designation (Cluster)	
Source of Utilities:				Streets Created or Extended as part of Subdivision? If Yes What Types?	
Water		Sewer			
Describe land use and the development proposed for the subject property. Include the time schedule (if any) for development. (Use additional pages if necessary)					
Current Zoning Surrounding Subject Property					
North:				South:	
East:				West:	
Current Land Use Surrounding Subject Property					
North:				South:	
East:				West:	

EXHIBITS

Owner Information Sheet	<input type="checkbox"/>	Additional Exhibits If Any (List):
Maps (vicinity, zoning, floodplains, wetlands others as requested by staff)	<input type="checkbox"/>	
Site Plan (designating primary, side, and service street frontages)	<input type="checkbox"/>	
Building Elevations	<input type="checkbox"/>	
Parking Plan (Location, number of spaces, reductions, and design and landscaping)	<input type="checkbox"/>	
Street Plan with Cross-sections	<input type="checkbox"/>	
Utility Plan	<input type="checkbox"/>	
Landscape Plan (including any equivalent alternative landscaping requests)	<input type="checkbox"/>	
Stormwater Plan	<input type="checkbox"/>	

CERTIFICATION AND SIGNATURE

By my signature below, I certify that the information contained in this application is true and correct to the best of my knowledge at the time of the application. I acknowledge that I understand and have complied with all of the submittal requirements and procedures and that this application is a complete application submittal. I further understand that an incomplete application submittal may cause my application to be deferred to the next posted deadline date.

Signature of Applicant	Date	Signature of Property Owner (If not the Applicant)	Date