



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

BOARD OF ADJUSTMENT APPLICATION FOR APPEAL OF ADMINISTRATIVE DECISION

(Pre-Application Conference Not Applicable)

ADMINISTRATIVE SUMMARY (Staff Use Only)

Application #		Date Submitted		Fee Required		Fee Paid	
Denial Date				Assigned Case Manager			

APPELLANT/CONTACT INFORMATION

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

OWNERSHIP INFORMATION

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

APPEAL SUMMARY

Subject Property Location [Please Include Address and Assessor's Identification Number(s)]		
Parcel 1	Parcel 2	Parcel 3
Legal Description of Subject Property		
Describe the original request and the Administrators determination and reasoning		
Applicant Statement – Specify the basis for your request for appeal. (attach statement if necessary)		

Designated Future Land Use Category	Current Use of Property	Proposed Use of Property (if different)	
Current Regional Growth Sector	Current Context Area	Current Zone District	
Current Building Type(s)		Anticipated Building Type (s)	
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

Copy of the Administrator's determination upon which the appeal is based	<input type="checkbox"/>	Additional Exhibits If Any:
Written statement describing the reason for the appeal and information and other exhibits justifying why appellant believes the determination was incorrect.	<input type="checkbox"/>	
Site Plan	<input type="checkbox"/>	
Development 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's (If not the Applicant)	Date