



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 A ZONING MAP AMENDMENT

(Pre-Application Conference Required)

ADMINISTRATIVE SUMMARY (Staff Use Only)

Application #		Date Submitted		Fee Required		Fee Paid	
Associated Applications if Any				Assigned Case Manager			
Pre-Application Conference Date							

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 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	

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		
Area of Subject Property (Acres/Sq Ft)		Area of Requested Rezoning (Acres/Sq Ft)
Designated Future Land Use Category	Current Use of Property	Proposed Use of Property
Current Regional Growth Sector	Current Context Area	Current Zone District
Proposed Regional Growth Sector	Proposed Context Area	Proposed Zone District

Current Building Type(s)		Anticipated Building Type (s)	
Source of Utilities			
Water		Sewer	
Reason for the zone change request			
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:	
Is the proposed zoning map amendment consistent with the Comprehensive Plan? If so how?			

EXHIBITS

Owner Information Sheet	<input type="checkbox"/>	Additional Exhibits If Any:
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"/>	
Parking Plan (Location, number of spaces, reductions, and design and landscaping)	<input type="checkbox"/>	
Landscape Plan (including any equivalent alternative landscaping requests)	<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

APPLICANT & OWNER INFORMATION SHEET

(1) Any applicant for a zoning map amendment must provide the applicant's name, address, and respective ownership interest, if any, on the application. In addition, the applicant must provide, in the space provided on this form, a list of all the owners of the property and the holders of any deeds of trust, identifying which owners and holders of deeds of trust are represented by the applicant.

Application Number	Applicant's Name

Property Address(es)

Applicant's Address

NOTE: If the applicant is not the property owner, this form must be accompanied by a Power of Attorney statement from the property owner.

Indicate as accurately as possible the form of interest in the property, and the amount held by the individual or entity listed as "applicant" above.

Fee Title Owner (Has Deed of Ownership)	All	<input type="checkbox"/>
	A Portion	<input type="checkbox"/>
Contract Owner	All	<input type="checkbox"/>
	A Portion	<input type="checkbox"/>
Holder of a Security Interest	All	<input type="checkbox"/>
	A Portion	<input type="checkbox"/>

List the names and addresses of all owners and holders of Deeds of Trust for the property, if any, and indicate which owners or holders of deeds of trust are represented by the applicant in the space below (please add additional pages, if needed).

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Signature of Applicant	Date Signed