



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 SUBDIVISION APPROVAL

(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				Major Subdivision	<input type="checkbox"/>	Minor Subdivision	<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

Subdivision Name		Former Subdivision Name (if any)	
Area of Subject Property (Acres/Sq Ft)		Proposed Number of Lots	
Project Address:			
Parcel 1 – Assessor's Parcel ID Number	Parcel 2 – Assessor's Parcel ID Number (if needed)	Parcel 3 – Assessor's Parcel ID Number (if needed)	
Major Subdivision <input type="checkbox"/>	Conventional Subdivision Type <input type="checkbox"/>	Current Use of Subject Property	
Minor Subdivision <input type="checkbox"/>	Cluster Subdivision Type <input type="checkbox"/>	Proposed Use 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?			
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	
Number of Each Type of Building and Individual Units		Proposed Density (Units/Acre)	
Farm Lot			
Single-Family House			
Attached House			
Row House (Number of Units)			
Apartment (Number of Units)			
Single Story Shopfront			
Mixed Use Building (number of residential units)			
Industrial Building			
Civic Building			
Open Lot			

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 (MAJOR SUBDIVISION)

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"/>	
Parking Plan (Location, number of spaces, reductions, and design and landscaping)	<input type="checkbox"/>	
Open Space Plan if Cluster Subdivision	<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's (if not the Applicant)	Date

APPLICANT & OWNER INFORMATION SHEET

Any applicant for a subdivision 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