



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 VERIFICATION

(Pre-Application Conference Optional)

ADMINISTRATIVE SUMMARY (Staff Use Only)

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

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 |
| | | |
| Designated Future Land Use Category | Current (or most recent) Use of Property | Proposed Use of Property |
| | | |
| Current Regional Growth Sector | Current Context Area | Current Zone District |
| | | |
| Current Building Type(s) | Anticipated Building Type (s) (if different) | |
| | | |
| Land use and the development proposed for the subject property. Include the time schedule (if any) for development. (Use additional pages if necessary) | | |
| | | |
| Identify any required use standards or limitations that the applicant must comply with as part of a special use permit approval. | How will the proposed project improve and reinforce the existing or planned character of the neighborhood? | |
| | | |

| Source of Utilities | | | |
|---|--|--------|--|
| Water | | Sewer | |
| 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: |
| Maps – Required for Final Submissions | <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 |
|------------------------|------|--|------|
| | | | |