



# St. Tammany Parish Government

Department Of Planning

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**Pat Brister**  
**Parish President**

## LAND USE REVIEW APPLICATION

Type of Request: Case Number: \_\_\_\_\_ Fees Due: \_\_\_\_\_  
 **Zoning Change** Date Paid: \_\_\_\_\_  
 **Planned Review** Submittal Deadline: \_\_\_\_\_  
 **Administrative Permit** Payment Method: \_\_\_\_\_  
 **Sign Review** Hearing Date: \_\_\_\_\_

Request: \_\_\_\_\_

Is this proposed use temporary?  Yes  No If so when will it be removed? \_\_\_\_\_

Location of property (General Description): \_\_\_\_\_

Present Zoning Classification: _____	Existing Use: _____
Ward: _____ District: _____	Proposed Use: _____
STR: _____	Square Ft. of Proposed Use: _____
Subdivision: _____	Acreage or Sq. Ft. of Site: _____
Previous Use: _____	Proposed Hours of Operation: _____
Maximum Height of Structure(s): _____	Number of Employees (Max. Shift): _____
Adjacent Uses: _____	Sign Type, Size and Location: _____

### IMPORTANT NOTES:

- Due to advertising and public hearing deadlines, all applications must be submitted by 11:30 A.M. of the deadline date to assure compliance with notice requirements.
- The Petitioner or Representative must be present at the Zoning Commission Meeting to address any questions or comments relative to the project.
- Applicant must appear at hearing to request tabling of a case.
- All appeals of an action of Planning and Zoning Commission must be submitted within 10 days of said action.
- It is recommended that the Applicant, or a duly appointed representative, contact the Department of Planning prior to submittal of this application to discuss the details of this proposal.

NOTE: THIS DOCUMENT MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

By my signature below, I certify that all information submitted to the Department of Planning is TRUE and CORRECT, and understand that failure to submit TRUE and CORRECT information can result in delay or denial in this application. I further certify that I have read and understand the above important notes relative to the submission of this application

<b>Property Owner(s)</b> Date: _____	<b>Contact Person</b> Date: _____
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Signature: _____	Signature: _____

BEFORE ME, the undersigned authority, personally appeared the persons whose signatures are affixed above, all of full age and majority, who declared to me, Notary, that they are the owners or duly authorized representatives of all that certain lot, piece, or parcel of land located as set forth in this application, that their signatures were executed freely and voluntarily and that they are duly qualified to sign.

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

**FEE SCHEDULE**

As per  
St. Tammany Parish Code of Ordinances  
Article I, Section 2.009.00  
Schedule of Fees, Charges, and Expenses

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**ZONING AMENDMENTS**

**Fees**

Existing Single Family Residential .....\$50 per acre to a maximum of \$1250  
All Other Types of Zoning Changes ..... \$100 per acre for first 25 acres and \$10 per acre over 26 acres  
Processing Fee ..... \$250.00

**Worksheet**

Acreage fee (1-25 acres): ..... \_\_\_\_\_ Acres at \_\_\_\_\_ dollars per acre = \$ \_\_\_\_\_  
26 acres and above: ..... \_\_\_\_\_ Acres at \$10.00 dollars per acre = \$ \_\_\_\_\_  
Processing fee (If required): ..... \$ \_\_\_\_\_  
Advertising costs: ..... \$ 75.00  
Total cost of rezoning petition: ..... \$ \_\_\_\_\_

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**ADMINISTRATIVE PERMITS**

**Fees**

Residential Use  
    Home Office/Occupation ..... \$25.00  
    Temporary Use ..... \$25.00  
    Residential Structure ..... \$50.00  
    Pond ..... \$50.00  
Commercial, Institutional, Industrial or Other Use ..... \$100.00  
Sign Review ..... \$25.00

# SUBMITTAL REQUIREMENTS

All marked items must be submitted prior to deadline

## APPLICANT MUST SUPPLY A MINIMUM OF 2 COPIES OF THE FOLLOWING:

- 1. **APPLICATION**  
A completed application to be filed with the Department of Planning.
  
- 2. **FEES**  
Fees in the amount of \$ \_\_\_\_\_ shall be as required by Section 9, Schedule of Fees, Charges, and Expenses.
  
- 3. **LEGAL DESCRIPTION**  
Copy of **Deed/Title** and Legible typed legal description.
  
- 4. **OWNERS AUTHORIZATION**  
The owner of the property or other authorized agent as indicated in legal documents provided to the Planning Department staff. If multiple parties, including married couples, have an undivided interest in the ownership of a parcel, all owners must authorize the request. If the Owner of the property is a corporation, partnership, or other entity, the petitioner must attach a copy of the resolution authorizing the petitioner to sign and authorize the petition for rezoning.
  
- 5. **SITE PLAN**  
A site plan (min. of 2 copies size: 11 X 17) shall be submitted for review by the Department of Planning. If the applicant fails to submit such drawings, additional fees may be required. The following minimum information must be included:
  - a. Vicinity Map indicating location (either on plat or attached on separate sheet).
  - b. Survey indicating scale, date, north arrow.
  - c. All existing physical features such as existing streets, buildings, sidewalks, drives, parking spaces, dumpsters, ponds and detention areas, fences, signs, paved and green areas.
  - d. Boundaries of the property involved (property lines).
  - e. Tabulation of the maximum square footage of each use (for multi use sites).
  - f. The setbacks of existing and proposed building(s) and structure(s).
  - g. The location, dimensions, area, type of materials and elevations of all signs and support structures.
  - h. A landscape plan of the site showing the type, size and number of plants; location of existing trees to be preserved; the location and dimensions of proposed planting beds, barrier curbs, site triangles, fences, buffers and screening.
  
- 6. **FOR TEMPORARY USES INCLUDE THE FOLLOWING:**
  - a. Indicate type of event/use, duration of event/use, structures required (show on site plan), bands, speakers, fair, etc., provide proof of adequate parking, traffic and crowd control, sanitary facilities.
  - b. Duration of event:  
Start date/time: \_\_\_\_\_ Finish date/time: \_\_\_\_\_
  
- 7. **FOR HOME OCCUPATIONS/HOME OFFICES, INCLUDE THE FOLLOWING:**
  - a. Drawing of residence interior and all other buildings associated with the business with uses/rooms indicated, including the area to be used for the home office/occupation (If it is not a full room show it as part of a room).
  - b. Written narrative explaining the nature of the home office/occupation, including number of employees onsite (including yourself), square footage, type of use, will retail sales occur, will there be any onsite storage or service use of the site.
  
- 8. **FOR PONDS, INCLUDE THE FOLLOWING:**
  - a. Location, size and setbacks of pond.
  - b. Indicate whether or not dirt will be removed from the site.
  - c. Proposed hours and days of operation of heavy equipment.
  - d. Section through the pond showing depth of pond and levee (if any).
  - e. Show where dirt removed from pond will be deposited on site and how it will be used.
  - f. Indicate the time frame to complete the pond.
  - g. Indicate general drainage patterns onto and off of the site.
  - h. Subject to road bond.
  
- 9. **SECOND RESIDENCE AND TEMPORARY STRUCTURE**
  - a.. Health Department Letter/Permit
  
- 10. **FOR SIGN REVIEW INCLUDE THE FOLLOWING:**
  - a. Vicinity Map indicating location of property.
  - b. Drawing of the sign(s) including dimensions, height, and a color rendering of the sign face.
  - c. Survey plat or site plan indicating: Building(s) on site, sign location & setbacks, landscaping, parking, access, site triangles, and adjacent land uses.
  - d. All signs shall be placed outside of right-of-ways or easements.
  - e. Additional information:
    - Single Occupancy  Multiple Occupancy
    - Total Area of Fascia Sign: \_\_\_\_\_ Total Height of sign: \_\_\_\_\_
    - Total Area of Directional Sign: \_\_\_\_\_ Setback from Property Line: \_\_\_\_\_
    - Total Area of Monument Sign: \_\_\_\_\_ Total width of Building : \_\_\_\_\_

CASE NO.: \_\_\_\_\_

**STAFF REVIEW WORKSHEET**

(To be completed by staff only)

**For All Reviews:**

**Yes      No**

Is the proposed use permitted, via the requested review indicated on Page 1, at the proposed site?         

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have all required information, fees, site plans, etc. been provided?         

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the site plan meet the minimum standards as described in this application?         

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the request meet all criteria for this specific use at this location?         

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Regional Sewerage Treatment Plant Only:**

Has the Environmental Services Commission approved the use of this system?         

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this system been approved through a Planning or Zoning Commission action?         

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the system still meet all of the requirements of the original approvals?         

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mandatory Contacts (For RST Plants):**

Commissioner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Attempted: \_\_\_\_\_  
\_\_\_\_\_

Contact Made: \_\_\_\_\_ By: \_\_\_\_\_

Response: \_\_\_\_\_

Councilman: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Attempted: \_\_\_\_\_  
\_\_\_\_\_

Contact Made: \_\_\_\_\_ By: \_\_\_\_\_

Response: \_\_\_\_\_

**STAFF DETERMINATION:**

Approved      Conditions: \_\_\_\_\_

By: \_\_\_\_\_  
\_\_\_\_\_

Denied      Basis for Denial: \_\_\_\_\_

By: \_\_\_\_\_  
\_\_\_\_\_