ST. TAMMANY PARISH

PATRICIA P. BRISTER

PARISH PRESIDENT

LAND USE REVIEW APPLICATION

Type of Request:

[ ] **Zoning Change**

[ ] **Planned Review**

[ ] **Administrative Permit**

Case Number: _____

Submittal Deadline: _____

Hearing Date: _____

Fees Due: _____

Date Paid: _____

Payment Method: _____

Request: _____

Is this proposed use temporary? [ ] Yes [ ] No If so when will it be removed? _____

Location of property (General Description): _____

_____

Present Zoning Classification: _____

Ward:_____ District: _____

STR: _____

Subdivision: _____

Previous Use: _____

Maximum Height of Structure(s): _____

Adjacent Uses:_____

_____

Existing Use: _____

Proposed Use: _____

Square Ft. of Proposed Use: _____

Acreage or Sq. Ft. of Site: _____

Proposed Hours of Operation: _____

Number of Employees (Max. Shift): _____

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 & Development 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 & Development 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

Property Owner(s) Date: _____

Name: _____

Address: _____

_____

Phone: _____

Signature: _____

Contact Person Date: _____

Name: _____

Address: _____

_____

Phone: _____

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

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: ..... $_____

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

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 & Development.

[ ] 2. FEES

Fees in the amount of $ _____ shall be as required by Section 9, Schedule of Fees, Charges, and Expenses.

[ ] 3. LEGAL DESCRIPTION

Recorded 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 & Development 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 & Development. 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 name of event/use, 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. Fill out the attached Home Office Questionnaire.

[ ] 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.
a. 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 : _____

STAFF DETERMINATION:

[ ] Approved

By: _____

Conditions: _____

_____

_____

[ ] Denied

By: _____

Basis for Denial: _____

_____

_____