



ST. JOHN
PLANNING & ZONING
**CHANGE OF ZONING DISTRICT
APPLICATION**

Docket No: _____	Date Requested: _____
Planning Commission Meeting Date: _____	Receipt No: _____
Council District/ At Large: _____	Zoning District: _____
Parcel No: _____	Flood Zone: _____
Historic District: _____	Design Review Corridor: _____
Lot, Sq., Subdivision: _____	

OFFICE USE ONLY

APPLICANT INFORMATION:

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

PROPERTY OWNER INFORMATION: *(All owners must be listed on application and must sign affidavit)*
Same as above? *(circle one)* **YES / NO**

If no, has the authority of the applicant to act on behalf of the property owner been verified with a signed, dated, and notarized affidavit? *(circle one)* **YES / NO**

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

CHANGE OF ZONING INFORMATION:

Property Address _____

Change of zoning classification from _____ District to _____ District

Subdivision _____

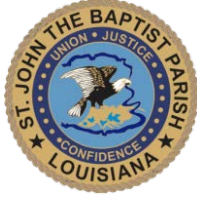
Square No. _____ Lot No. _____ Street No. _____

Property size (square feet): _____

Note: St. John the Baptist Parish has not examined nor reviewed the title of any portion of land in this application, or any restrictive covenants or restrictions placed on said property. Any action of the Parish in this matter does not: (1) imply that the applicant's title or ownership is valid, (2) that there are or are not any restrictive covenants or other restrictions on said property, or (3) that any restrictive covenants or restrictions that may be on said property are enforceable or are not enforceable.

Applicant's Signature

Date



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PROPERTY USE:

1) Present use of property and structures thereon:

2) Describe the proposed use:

3) Describe the impact of proposed change to surrounding lands/areas:

4) Has there ever been a petition to change the zoning of this property? (*circle one*) **YES / NO**

5) If **YES**, please describe: _____

OTHER SUBMITTAL REQUIREMENTS:

- Processing fees; payable by credit card, check or money order to: "St. John Parish Council"
- Recorded copy of Act of Sale, judgment of possession, or deed to the property
- Survey or plat showing the dimensions, acreage, and location of tract prepared and stamped by an architect, engineer, or surveyor (PLS)
- List of all property owners abutting the property for which an application is being filed (fill out page 3 of this application)

Applicant's Signature

Date



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ABUTTING PROPERTY OWNERS

List all owners of land immediately adjoining the requested rezoning as their name and address appears on the Parish assessment rolls (www.stjohnassessor.org).

Name:

Address:

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____



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OWNER'S ENDORSEMENT

I _____ being duly sworn, depose that I
Owner(s) / Corporation
reside at _____,
Street City
in the Parish of _____ and State of _____
Parish State
and that I am the owner of the property described as _____ and that I have
Address
authorized _____ to make the foregoing petition for a
Applicant

Change of Zoning District.

Signature of owner(s) of property or authorized agent

SWORN TO ME THIS _____ DAY OF _____,

NOTARY PUBLIC

Print name of Notary: _____
Bar roll # _____