



Pat Brister
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St. Tammany Parish Government

Department of Development

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LAND USE REVIEW APPLICATION

Type of Request:

- Zoning Change**
- Planned Review**
- Administrative Permit**
- Sign Review**

Case Number: _____

Fees Due: _____

Submittal Deadline: _____

Date Paid: _____

Payment Method: _____

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 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 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: _____

Contact Person 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

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
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 Development .

- 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 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 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 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: _____
