



St. Tammany Parish
 Department Of Planning
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Kevin Davis
 Parish President

LAND USE REVIEW APPLICATION

Type of Request: _____ Case Number: _____ Fees Due: _____
 Zoning Change
 Conditional Use
 Planned Review
 Administrative Permit
 Sign Review

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 Planning prior to submittal of this application to discuss the details of this proposal.

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

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: \$ _____

CONDITIONAL USES/PLAN REVIEWS

Fees

<u>Processing Fees:</u>		<u>Acreage Fees (if required):</u>
Single family, Agricultural, Recreational	\$100.00	None
Pond/excavation under 3 acres	\$100.00	None
Pond/excavation 3-5 acres	\$200.00	None
Pond/excavation 5-10 acres	\$300.00	None
Pond/excavation over 10 acres	\$400.00	None
Institutional	\$300.00	\$10.00 per acre over 5 Acres
Commercial, Multi-Family, Industrial, Utility	\$500.00	\$10.00 per acre over 5 Acres
Planned Corridor Overlay	\$50.00	
Miscellaneous	As determined by Department	

Worksheet

Processing Fee: \$ _____
Acreage Fee: Acres - 5 Acres = _____ Acres @ \$10.00/acre = \$ _____
Advertising Fee: \$ 50.00
Total Fees: \$ _____

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 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. Scale 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. Typed Legal Description
 - c. Survey plat or site plan indicating: Building(s) on site, landscaping, parking, setbacks, 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 Sign: _____Total Height of sign: _____

Total Width of Sign: _____Setback from right-of-way: _____

Height of Bottom of Sign Face (from grade): __________

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: _____