

revised 1-10-2020

LAND USE REVIEW APPLICATION

Type of Request:		Case Number:		Fees Due:	
[] F	Zoning Change Planned Review Administrative Permit	Submittal Deadline:		Date Paid:	
		Hearing Date:	<u>N/A</u>	Payment Method:	
Request:	HOME OFFICE\OCCUPA	TION			
Is this propos	sed use temporary? [] Yes [✔]No If so whe	en will it be removed?		
Present Zoning Classification:		Ez	xisting Use:	Residence	
Ward:	District:	Pr	oposed Use: <u>H</u>	ome Office/Occupation	
STR:			Square Ft. of Area:		
Subdivision:			Square Ft. of Home:		
Previous Use: <u>N/A</u>			Proposed Hours of Operation: <u>N/A</u>		
Maximum Height of Structure(s): <u>N/A</u>			Number of Employees (Max. Shift): <u>N/A</u>		
Adjacent Uses: N/A		Si	Sign Type, Size and Location: <u>N/A</u>		

IMPORT A	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 & 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

er(s)	Date:	Contact Person	Date:
		Name:	
		Address:	
		Phone:	
		Signature:	
		Email:	
		ner(s) Date:	Name:

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

As per St. Tammany Parish Code of Ordinances Chapter 2, Article XVII, Section 2-709 Chapter 2, Article XVII, Section 2-711 Schedule of Fees, Charges, and Expenses

ZONING AMENDMENTS

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Existing Single Family Rea	sidential\$50 per acr	e to a maximum of \$1250	
All Other Types of Zoning	Changes \$100 per ac	re for first 25 acres and \$1	0 per acre over 26 acres
Processing Fee	<u>\$250.00</u>		

Worksheet

Acreagefee (1-25 acres):	Acres at	_ dollars per acre =	
26 acres and above:	<u>Acres at _\$10.0</u>	<u>0_</u> dollars per acre = <u>\$_</u>	
Processing fee (If required):			\$
Advertising costs:			<u>\$ 75.00</u>
Total cost of rezoning petition:			\$

ADMINISTRATIVE PERMITS

Fees

*A 3% processing fee will be added to all credit card/e-check transactions as per STP Ordinance No. 18-3961, effective October 5, 2018.

Residential Use

Home Office/Occupation:	\$50.00
Temporary Use	\$25.00
Residential Structure	\$50.00
Pond	\$200.00
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:

$\left[\int \right]$ 1. APPLICATION

A completed application to be filed with the Department of Planning & Development.

[√] 2. FEES

Fees in the amount of \$ 50.00 shall be required as per Chapter 2, Article XVII, Sec 2-709 Parish Fees.

$[\checkmark]$ 3. LEGAL DESCRIPTION

<u>Recorded</u> copy of **Deed/Title** and Legible typed legal description.

$[\checkmark]$ 4. OWNERS AUTHORIZATION

The owner of the property or other authorized agent as indicated in legal documents provided to the Planning & Development Department staff. <u>If multiple parties, including married couples, have an undivided interest in the ownership of a parcel, all owners must authorize the request.</u> 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 an administrative permit.

$[\checkmark]$ 5. 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/Occupation Questionnaire

HOME OFFICE

Section 130-2213 (18) of the UDC

- 1. The home office must be clearly incidental and secondary to the primary use of the property as a residence by the applicant.
- 2. The area allowed for a home office shall not exceed 15 percent of the area of the primary residence up to a maximum of 400 square feet.
- 3. The use of the designated area is to perform clerical functions, such as filing, billing, receiving or making phone call, appointment scheduling etc. that are typically associated with a business operation.
- 4. Retail sales or services, which are not provided at an off-site location or through the mail, phone, or similar activity, cannot be conducted on the premises.
- 5. No more than one person who is not related to the resident family can be engaged in the operation of such a business.
- 6. No construction, assembly or manufacturing can occur on the premises as part of this administrative permit.
- 7. No more than five vehicle trips (round trips) associated with the business are allowed.
- 8. No more than two vehicles associated to the home office are allowed on the site at any one time.
- 9. Parking of any vehicle associated with the home office must occur along the driveway or in a garage, unless the provided parking spaces are properly screen. Parking of any vehicle associated with the home office in the designated road right-of-way is not allowed, including the residents vehicle when they are parked in the right-of-way to allow for vehicle parking for the home office in the driveway or garage.
- 10. Goods, materials or supplies of any kind delivered to or from the site shall be delivered by the resident's passenger vehicle.
- 11. This administrative permit for the home office is not transferable to a different applicant or location.
- 12. Prohibited Uses:
 - The use, sale, or exchange of alcohol, flammable liquids or chemical agents, firearms, fireworks, or other similar uses.
 - Use as a massage parlor, tattoo parlor, fortune telling, faith healing, or other activities of a similar character.
 - Use for engine repairs, including but not limited to auto and auto body repairs, boat repairs or equipment repairs.
 - Retail sales conducted on premises.

By my signature below, I certify that I have read and understand the above rules relative to the submission of this application and that the business will be conducted in accordance with Section 130-2213(18) of the St. Tammany Parish Unified Development Code.

Name (please print): _____ Date:____

e:_____

Signature:_____

AP___-

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- 1. Activities associated with Home Office/Occupation (please check one):
 - Services or products which are primarily a part of hobby-oriented activities for services of music, art or dance instruction (similar types of activities) and/or retail products for arts and craft fairs/ exhibitions or consignment purposes.
 - □ Educational instruction occurring only between 9:00 A.M. and 7:00 P.M. and limited to one (1) student per session of instruction, unless the customer is part of a family seeking the service, utilizing one vehicle to arrive at the site.
 - Clerical functions, such as filing, billing, receiving or making phone calls, appointment scheduling etc. that are typically associated with a business operation.
- 2. Square footage of the home _____
- 3. Square footage of home office/occupation _____
- 4. Square footage of storage area _____
- 5. Will retail sales or services occur on the premises? ____ Yes ____ No
- 6. How many non-related employees will be affiliated to the home occupation?

7.	Does assembly	occur on site?	Yes	No

- 8. How many vehicles associated with the business will be parked on site?
- 9. How many vehicles associated with the business, exceeding a typical parcel service truck (2 axles) will be parked on site?
- Will you receive deliveries for the home business in a vehicle larger than a typical parcel service truck (2 axles) in residential areas? ____ Yes ____ No
 Does the unloading time for deliveries exceed 30 minutes? ____ Yes ____ No
- 11. How many vehicle trips (round trips) are made to your home occupation per day (the temporary unloading of a delivery from a parcel service is not counted as one of the trips)?

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Name (please print): _____ Date: _____

Signature:

AP	 _

STAFF DETERMINATION:

[] Approved	Conditions:
By:		
[By:] Denied	Basis for Denial: