



ST. TAMMANY PARISH
MICHAEL B. COOPER
PARISH PRESIDENT

Revised 9/8/2022

LAND USE REVIEW APPLICATION

Type of Request: Zoning Change Planned Corridor/Conditional Use Administrative Permit

Case Number: _____ Fees Due: _____

Submittal Deadline: _____ Date Paid: _____

Hearing Date: _____ 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: _____ 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 & 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: _____	Contact Person	Date: _____
Name: _____		Name: _____	
Address: _____		Address: _____	
Phone: _____		Phone: _____	
Signature: _____		Signature: _____	
Email: _____		Email: _____	

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
Chapter 2, Article XVII, Section 2-709
Chapter 2, Article XVII, Section 2-711
Schedule of Fees, Charges, and Expenses

*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.

ZONING AMENDMENTS

Fees

All Zoning Changes \$100.00 per acre Maximum acreage fee **\$5000.00**
Processing Fee \$500.00

Worksheet

Acreage fee: Acres at \$100.00 dollars per acre = \$ _____
Processing fee (If required): \$ 500.00
Advertising costs: \$ 150.00
Total cost of rezoning petition: \$ _____

CONDITIONAL USE\PLANNED CORRIDOR OVERLAY

Fees

Processing Fee: \$ 500.00
Advertising Fee: \$ 75.00
Total Fees: \$ _____

ADMINISTRATIVE PERMITS

Fees

Home Office/Occupation \$50.00 Flat Fee
Temporary Use \$50.00 Flat Fee

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 per Chapter 2, Article XVII, Section 2-709 Parish Fees.
- 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.
- 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 Conditions: _____
By: _____

[] Denied Basis for Denial: _____
By: _____