

**PLAQUEMINES PARISH
ZONING ORDINANCE
AMENDMENT FORM
MAP/ZONING CHANGE**

- 1. MUST BE COMPLETED IN TRIPLICATE**
- 2. APPLICANT MUST COMPLETE ALL NECESSARY INFORMATION**
- 3. MUST BE NOTARIZED**
- 4. MUST SUBMIT MAPS WITH APPLICATIONS**

AMENDMENT FEES

For changing zoning classification to the following: A-1, A-2, RS-1, RS-2, R-1A, R-1AB, R-1AA, R-1B, R-1C and R-2; the non-refundable administrative fee shall be two-hundred-fifty dollars (\$250.00).

For changing zoning classification to the following: RM-1, RM-2, MH, M, C-1, C-2, I-1, I-2, I-3, and FP; the non-refundable administrative fee shall be five-hundred-dollars (\$500.00)

A non-refundable three-hundred-dollar (\$300.00) advertising fee

A one-hundred-dollar (\$100.00) recordation fee ***to be refunded if the petition is not approved and duly recorded.

ALL FEES MUST BE PAID ON SUBMITTAL OF ALL PETITIONS TO CHANGE THE ZONING CLASSIFICATION OF PROPERTY

**PLAQUEMINES PARISH
INSTRUCTIONS FOR COMPLETING APPLICATION FOR
ZONING MAP CHANGE**

1. **DATE** - USE DATE APPLICATION IS FINALLY PREPARED AND READY FOR SUBMISSION TO THE DEPARTMENT OF PLANNING, PERMITS AND ZONING.
2. **ZONING CLASSIFICATION** - PERSONNEL IN THE DEPARTMENT OF PLANNING, PERMITS AND ZONING WILL ASSIST, WHEN NECESSARY IN DETERMINING THE PRESENT ZONING AND PROPOSED ZONING.
3. **COUNCIL DISTRICT** - COUNCIL DISTRICT THAT PROPERTY FOR PROPOSED CHANGE IS LOCATED. PERSONNEL WILL ASSIST, WHEN NECESSARY, IN DETERMINING COUNCIL DISTRICT.
4. **LOCATION & DESCRIPTION OF PROPERTY FOR CHANGE OF ZONING** - GIVE COMPLETE DEED DESCRIPTION.
5. **REASON FOR REQUEST** - EXPLAIN BRIEFLY THE REASON FOR THE PROPOSED ZONING CHANGE.
6. **LIST OF ADJACENT PROPERTY OWNERS AND ADDRESSES** - LIST ALL PROPERTY OWNERS INCLUDING THOSE ACROSS THE STREET OR HIGHWAY. MUST BE PROPERTY OWNER NOT TENANT. THE PARISH ASSESSOR'S OFFICE CAN ASSIST YOU WITH THIS INFORMATION.
ASSESSMENT SHEETS NEED TO BE INCLUDED WITH THE APPLICATION
7. **PLOT PLAN** - DETAILED PLOT PLAN OF PROPERTY FOR CHANGE, DRAWN TO SCALE, SHOWING EXISTING DIMENSIONS AND LOCATION AND DIMENSIONS OF ALL EXISTING AND PROPOSED BUILDINGS.
8. **SIGNATURE(S)** - MUST BE SIGNED AND DULY NOTARIZED BY THE CURRENT OWNER(S) OF THE PROPERTY IN QUESTION. APPLICATION MAY BE SIGNED BY AN AGENT OF THE OWNER(S) PROVIDED A POWER OF ATTORNEY IS ATTACHED TO THE APPLICATION STATING THAT SAID AGENT HAS AUTHORITY TO ACT IN THE OWNER(S) BEHALF. POWER OF ATTORNEY MUST BE SIGNED BY THE OWNER OF SAID PROPERTY AND DULY NOTARIZED.

****** PROPERTY NEED TO BE MARKED OR THE APPLICANT NEED TO BE AVAILABLE AT THE PROPERTY WHEN SIGNS ARE READY TO BE PLACED**

NOTE: PRIOR TO A PUBLIC HEARING, APPLICATIONS FOR MAP CHANGE ARE ADVERTISED FOR THREE (3) CONSECUTIVE PUBLICATIONS OF THE PLAQUEMINES GAZETTE, THE OFFICIAL JOURNAL OF THE PARISH OF PLAQUEMINES.



**PLAQUEMINES PARISH
ZONING ORDINANCE AMENDMENT FORM
MAP CHANGE**

ZONING MAP CHANGE ID _____

FEE _____

FILING DATE _____

RECEIPT NO. _____

C DISTRICT _____

NAME		OWNERSHIP %	
ADDRESS		LOT NO.	
CITY, ST, ZIP			
PHONE NO.	PHONE EXT		

REQUESTED MAP CHANGE:

TO

_____ (EXISTING CLASSIFICATION)

_____ (PROPOSED CLASSIFICATION)

LOCATION AND DESCRIPTION OF PROPERTY FOR CHANGE OF ZONING CLASSIFICATION:

GIVE REASONS FOR REQUEST:

(ATTACH ADDITIONAL SHEET OR USE REVERSE OF THIS PAGE IF ADDITIONAL SPACE IS NEEDED)

NOTE: ATTACH FIVE (5) MAPS, DRAWN TO SCALE, SHOWING THE LOCATION, MEASUREMENTS AND OWNERSHIP OF ALL PROPERTY PROPOSED FOR A CHANGE IN ZONING CLASSIFICATION.

LIST OF ADJACENT PROPERTY OWNERS AND ADDRESSES:
(MUST INCLUDE PROPERTY ACROSS THE STREET OR HIGHWAY)

NAME _____

ADDRESS _____

NAME, ADDRESS & SIGNATURE OF APPLICANT(S)
INCLUDE PERCENTAGE OF OWNERSHIP OR LOT NO.

NAME _____
ADDRESS _____
PHONE NO. _____
SIGNATURE _____
PERCENT OWNERSHIP/ LOT NO. _____

NAME _____
ADDRESS _____
PHONE NO. _____
SIGNATURE _____
PERCENT OWNERSHIP/ LOT NO. _____

NAME _____
ADDRESS _____
PHONE NO. _____
SIGNATURE _____
PERCENT OWNERSHIP/ LOT NO. _____

STATE OF LOUISIANA
PARISH OF PLAQUEMINES

BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY APPEARED THE PERSON(S) WHOSE SIGNATURES ARE AFFIXED ABOVE, ALL OF THE FULL AGE OF MAJORITY, WHO DECLARED UNDER OATH TO ME, NOTARY, THAT THEY ARE THE OWNERS OR AUTHORIZED AGENT OF ALL THAT CERTAIN LOT, PIECE OR PARCEL OF LAND LOCATED AS SET FORTH BESIDE THEIR RESPECTIVE SIGNATURES, AND THAT THEY KNOW OF THEIR OWN PERSONAL KNOWLEDGE THAT THE ABOVE PETITIONERS ARE THE OWNERS OF AT LEAST FIFTY (50%) PERCENT OF THE AREA DESCRIBED ABOVE FOR WHICH A ZONING CHANGE IS REQUESTED, AND 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



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ZONING ORDINANCE AMENDMENT FORM
MAP CHANGE**

ZONING MAP CHANGE ID _____

FEE _____

FILING DATE _____

RECEIPT NO. _____

C DISTRICT _____

NAME	_____	OWNERSHIP %	_____
ADDRESS	_____	LOT NO.	_____
CITY, ST, ZIP	_____		
PHONE NO.	_____	PHONE EXT	_____

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FEE _____

FILING DATE _____

RECEIPT NO. _____

C DISTRICT _____

NAME	_____	OWNERSHIP %	_____
ADDRESS	_____	LOT NO.	_____
CITY, ST, ZIP	_____		
PHONE NO.	_____	PHONE EXT	_____

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(EXISTING CLASSIFICATION)

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NOTARY PUBLIC