APPLICATION FOR REZONING, CONDITIONAL USE, OR INITIAL ZONING CITY OF HAMMOND

219 E. ROBERT ST, HAMMOND, LA 70401 / PHONE: (985) 277-5649 - FAX: (985) 277-5638

FILING DATE:___/_ PERMIT# The next Zoning Commission Meeting will be held on _____ _, at 5:00pm in the City Council Chambers, 312 E. Charles Street. Application to be submitted to the Planning Department according to the deadline schedule. This Application for: ☐ REZONING CONDITIONAL USE: ☐ EXPANDED --OR-- ☐ RESTRICTED ☐ INITIAL ZONING/ANNEXATION **REZONING FEE:** □Single Lot \$120.00 □Block or Area \$250.00 (Fees are not refundable based on decisions) Fifty percent (50%) of fee is refundable if application is withdrawn before first newspaper notice is filed. PARCEL# SITE ADDRESS:____ STREET # & STREET NAME Legal Description or Survey__ PROPERTY OWNER NAME: ____ First Name MI Owner Address: Street Name/Street Number City Telephone: (___ or Cell #: (_ PLEASE READ AND SIGN BELOW APPLICANT NAME: _ First Name Last Name COMPANY NAME:_ □Owner □Other Applicant Mailing Address:_ Street Name/Street Number City State Applicant Telephone: or Cell #: (___ PERMIT INFO-ADDITIONAL INFO PRESENT ZONING: MX-N MX-C MX-CBD C-N C-H C-R I-H I I-L RS-3 RS-5 RM-2 RS-8 RS-11 RM-3 RP RS-11.A S-1 S-2 SC **REQUESTED ZONING:** MX-N MX-C MX-CBD C-N C-H C-R I-H I I-L RS-3 RS-5 RM-2 RS-8 RS-11 RM-3 RP RS-11.A S-1 S-2 SC REASON FOR REZONING: _ SPOT ZONING NOTE: Rezoning of a lot or parcel of land to benefit an owner for a use incompatible with surrounding uses and not for the purpose or effect or furthering the comprehensive zoning plan. Spot zoning is discouraged in Hammond I/We being the legal owner(s) request zoning of my property from a _____ District to a _____ District. I/We fully understand and agree to abide by the zoning restrictions for a _____ District. I am including with this application a copy of any covenants or restrictions and deeds governing this property. If there is more than one owner or a corporation is the owner of the property, each owner or authorized agent of the corporation must sign. If conditional zoning, submit in writing an explanation for this request on separate sheet. If you are applying for an area or block zoning furnish a map of area or block and a petition signed by at least 50% of the property owners in the area (including their addresses). ALL INFORMATION ON THIS APPLICATION MUST BE COMPLETE, ALL FEES PAID, AND ALL REQUIRED DOCUMENTS RECEIVED BEFORE THIS APPLICATION WILL BE ACCEPTED ON THE AGENDA FOR THE CITY OF HAMMOND ZONING COMMISSION. APPLICANT SIGNATURE DATE OWNER(S)SIGNATURE DATE CITY PLANNER CASH

DATE PAID___/_ CHECK#_ AMOUNT PAID \$_