

SITE PLAN REVIEW APPLICATION
CITY OF HAMMOND
219 E. ROBERT ST., HAMMOND, LA 70401 / PHONE: (985) 277-5649 – FAX (985) 277-5638

FILING DATE: ____________ **PERMIT#**_____

The next Planning Commission Meeting will be held on _____, at 5:00pm in the City Council Chambers, 312 E. Charles Street. Application to be submitted to Planning Department according to the deadline schedule.

This Application for: ☐ Minor Site Plan Review
 ☐ Major Site Plan Review

PARCEL # _____ (Please verify address w/City of Hammond GIS Dept.)			
SITE LOCATION OR LEGAL DESCRIPTION: _____			
<i>Where did you get this address?</i> <input type="checkbox"/> Post Office <input type="checkbox"/> City Building Dept. <input type="checkbox"/> 911 Office <input type="checkbox"/> Other _____			
List all current property owners:			
PROPERTY OWNER: _____		PHONE(_____)_____	
ADDRESS: _____			
<small>Street or PO Box</small>		<small>City</small>	<small>State</small>
		<small>Zip</small>	
<small>(List additional PARCEL ADDRESS & PROPERTY OWNER information on reverse side of application.)</small>			

APPLICANT/DEVELOPER: _____			
<small>First Name</small>	<small>MI</small>	<small>Last Name</small>	
COMPANY NAME: _____		<input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other	
Applicant Mailing Address: _____			
<small>Street or PO Box</small>		<small>City</small>	<small>State</small>
		<small>Zip</small>	
Applicant Telephone: (_____)_____		Applicant Fax: (_____)_____	

PERMIT INFO-Additional		Check if you will be applying for: <input type="checkbox"/> ANNEXATION <input type="checkbox"/> REZONING <input type="checkbox"/> VARIANCE	
# of Acres: _____	# of Proposed Lots: _____		
NAME OF DEVELOPMENT: _____			
EXISTING 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			
CURRENT USE OF LAND: _____			
INTENDED USE OF LAND:			
[]Single Family Residential		[]Condominium/Townhouse	
[]Industrial		[]Multi-Family []Commercial	
[]Other (explain)_____			
DESIGN ENGINEER/ARCHITECT _____		PHONE (_____)_____	

ATTENTION: APPLICANT

NOTE: Two printed & One digital copies of the complete plans and specifications for preliminary review.

ALL INFORMATION ON THIS APPLICATION MUST BE COMPLETE AND ALL FEES PAID BEFORE THIS APPLICATION WILL BE ACCEPTED ON THE AGENDA FOR THE CITY OF HAMMOND PLANNING & ZONING COMMISSION.

X _____ APPLICANT SIGNATURE	_____ DATE
X _____ OWNER SIGNATURE	_____ DATE
X _____ CITY PLANNER	_____ DATE

ADDITIONAL PROPERTY OWNERS:

1) PROPERTY OWNER:_____ PHONE(_____)_____

ADDRESS:_____

Street or PO Box	City	State	Zip
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2) PROPERTY OWNER:_____ PHONE(_____)_____

ADDRESS:_____

Street or PO Box	City	State	Zip
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