

**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

<b>PARCEL #</b> _____ (Please verify address w/City of Hammond GIS Dept.)			
<b>SITE LOCATION OR LEGAL DESCRIPTION:</b> _____			
<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 _____			
<b>List all current property owners:</b>			
PROPERTY OWNER: _____	PHONE(_____) _____		
ADDRESS: _____			
<small>Street or PO Box</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
<small>(List additional PARCEL ADDRESS &amp; PROPERTY OWNER information on reverse side of application.)</small>			

<b>APPLICANT/DEVELOPER:</b> _____			
<small>First Name</small>	<small>MI</small>	<small>Last Name</small>	
<b>COMPANY NAME:</b> _____ <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:    (_____) _____		

<b>PERMIT INFO-Additional</b>	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: <b>MX-N   MX-C   MX-CBD   C-N   C-H   C-R   I-H   I   I-L</b> <b>RS-3   RS-5   RM-2   RS-8   RS-11   RM-3   RP   RS-11.A   S-1   S-2   SC</b>			
CURRENT USE OF LAND: _____			
INTENDED USE OF LAND:			
<input type="checkbox"/> Single Family Residential	<input type="checkbox"/> Condominium/Townhouse	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Commercial
<input type="checkbox"/> Industrial	<input type="checkbox"/> Other (explain) _____		
<b>DESIGN ENGINEER/ARCHITECT</b> _____		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. ADVERTISING FEE \$30.00**

x _____	_____
APPLICANT SIGNATURE	DATE
x _____	_____
OWNER SIGNATURE	DATE
x _____	_____
CITY PLANNER	DATE

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**ADDITIONAL PROPERTY OWNERS:**

1) PROPERTY OWNER: \_\_\_\_\_ PHONE(\_\_\_\_)\_\_\_\_\_

ADDRESS: \_\_\_\_\_  
                    Street or PO Box                      City                      State                      Zip

2) PROPERTY OWNER: \_\_\_\_\_ PHONE(\_\_\_\_)\_\_\_\_\_

ADDRESS: \_\_\_\_\_  
                    Street or PO Box                      City                      State                      Zip

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