

**SUBDIVISION APPROVAL & LAND DEVELOPMENT 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 Subdivision Major Subdivision

PARCEL # _____ (Please verify address w/City of Hammond GIS Dept.)

SITE LOCATION OR LEGAL DESCRIPTION: _____

Where did you get this address? Post Office City Building Dept. 911 Office Other _____

List all current property owners:

PROPERTY OWNER: _____ PHONE(_____) _____

ADDRESS: _____
Street or PO Box City State Zip
(List additional PARCEL ADDRESS & PROPERTY OWNER information on reverse side of application.)

APPLICANT/DEVELOPER: _____
First Name MI Last Name

COMPANY NAME: _____ Owner Contractor Other

Applicant Mailing Address: _____
Street or PO Box City State Zip

Applicant Telephone: (_____) _____ Applicant Fax: (_____) _____

PERMIT INFO-Additional Check if you will be applying for: ANNEXATION REZONING 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 Multi-Family Commercial
 Industrial Other (explain) _____

DESIGN ENGINEER/ARCHITECT _____ PHONE (_____) _____

Will PROCEDURE "A" (with bond) **OR** PROCEDURE "B" (without bond) BE USED?

ATTENTION: APPLICANT

NOTE: Six (6) copies of the complete plans and specifications and seven (7) additional copies of any property plat containing information pertaining to the attached check list shall be made part and submitted with the application 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 _____ DATE
APPLICANT SIGNATURE

x _____ DATE
OWNER SIGNATURE

x _____ DATE
CITY PLANNER

***** OFFICIAL USE *****

Fees for **Preliminary and Final Review**: \$ 300.00 + \$5.00 for Each Lot or Building = TOTAL DUE \$ _____
[Fees for Minor Subd. Review:] \$50.00 + \$2.00 for each lot or building = TOTAL DUE \$ _____

ADVERTISING FEE: \$30.00

AMOUNT PAID: \$ _____ CHECK# _____ PAID CASH DATE PAID ___/___/___

AMOUNT PAID: \$ _____ CHECK# _____ PAID CASH DATE PAID ___/___/___

PARCEL ADDRESS(ES) OR LEGAL DESCRIPTION(continued from front of application): **please attach**

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
