APPLICATION FOR REZONING, CONDITIONAL USE, OR INITIAL ZONING
CITY OF HAMMOND
219 East Robert Street, HAMMOND, LA 70401 / PHONE: (985) 277-5640 – FAX: (985) 277-5637

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 Zoning Commission must be filed with the City at least 21 days before the date of the next Public Meeting.

This Application for: ☐ REZONING CONDITIONAL USE: ☐ EXPANDED --OR-- ☐ RESTRICTED
☐ INITIAL ZONING

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Fifty percent (50%) of fee is refundable if application is withdrawn before first newspaper notice is filed.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_____

_____
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PROPERTY OWNER NAME: _____
First Name MI Last Name

Owner Address:_____
Street Name/Street Number City State Zip

Telephone: (_____)_____ or Cell #: (_____)_____

PLEASE READ AND SIGN BELOW

APPLICANT NAME: _____
First Name MI Last Name

COMPANY NAME:_____ ☐Owner ☐Other

Applicant Mailing Address:_____
Street Name/Street Number City State Zip

Applicant Telephone: (_____)_____ or Cell #: (_____)_____

PERMIT INFO-ADDITIONAL INFO

PRESENT ZONING IS: AL B1 B2 C1 C2 C3 C4 C4A H I L R4 R5 R5S R8 R11 RA RP RS S

***REQUESTED* ZONING IS:** AL B1 B2 C1 C2 C3 C4 C4A H I L R4 R5 R5S R8 R11 RA RP RS S

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 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

********** **FOR OFFICIAL USE** **********

AMOUNT PAID $_____ CHECK#_____ CASH ☐ DATE PAID___/___/___

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NAMES & ADDRESSES OF ADJACENT PROPERTY OWNERS REQUIRED

Revised 7-1-08