



West Baton Rouge Parish Rezoning Request

Applicant: _____

Mailing Address: _____

Phone: _____ Email: _____

Print Name: _____ Sign: _____ Date: _____

Owner of Property (if different from applicant): _____

Mailing Address: _____

Phone: _____ Email: _____

Print Name: _____ Sign: _____ Date: _____

Address of Subject Property: _____

Current Zone: _____ Use of property: _____

Requested Re-Zoning: _____ Approx. Acreage: _____

Proposed Use: _____

The following must be submitted with application:

- Legal description of subject property.** Please attach the description to this form.
- Plat including vicinity map.** Showing dimensions, acreage and location of the tract (s) prepared by an architect, engineer, landscape architect or land surveyor whose State registration is current and his/her seal shall be affixed to plat. Please attach the Plat and Vicinity map to this form.
- Plot Plan.** A conceptual improvement plan and such additional maps and drawings, all sufficiently dimensioned, must be submitted. Please attach all plans to the form.
- Fees.** An invoice will be mailed with the hearing notice to the applicant. The applicant shall pay WBR Parish the current cost of advertising whether it be in the form of mailings or publications as required in Sec. 111-76 for each rezoning request. The fees must be paid in full before the appeal will be scheduled for a public hearing. Under no condition shall the fee be refunded for the failure of the requested rezoning to be granted or for the withdrawal of the request.

By signing this document, I attest that all information provided on this document is true and correct.

Print

Sign

Date

For Office Use Only:

Comments:

Date Received: _____ **Received By:** _____ **Map#:** _____ **Zoning File#:** _____