

St. Bernard Parish Government

Department of Community Development
8201 West Judge Perez Drive
Chalmette, LA, 70043
Office: 278-4310 Fax: 278-4298



ZONING CHANGE / CONDITIONAL USE CHECKLIST & APPLICATION

- 1 A copy of the recorded title/deed of ownership. If ownership is held by more than one individual, the names and addresses of all owners must be provided.
- 2 A legal description of the property. If such legal description to be rezoned is not contained within the deed, a signed and sealed survey, prepared by a registered Louisiana land surveyor, will be required.
- 3 If only a portion of the property is to be rezoned, a legal metes and bounds description will be required for that portion of the property to be rezoned.
- 4 Optional: any other documents (maps, charts, photographs, reports, letters, etc.) that will illustrate or otherwise support your request to the planning commission and the parish council.
- 5 Owner's signature: If owner will be represented in this request by someone else, the representative's signature will be accepted-provided that the owner first executes a notarized *Designation of Authorized Agent/Attorney in Fact* form (property owner must sign the form before a notary). The owner's representative must present this form at the time he/she makes application for rezoning or otherwise represents the owner.
- 6 Fee: **\$500** per request / **\$1000** zoning change/conditional use combo
- 7 Note: this list represents the minimum documentation required to apply for a zoning change or conditional use. Other documents may be requested later in the evaluation process if required by the Planning Commission, the Parish Council, or Community Development staff.

Changing the zoning of a property is a two-step process that typically takes from 60-90 days from start to finish. First your request will be considered at a public hearing by the St. Bernard Parish Planning Commission, which is comprised of seven appointed members who, as a body, act in an advisory capacity. At the public hearing session the Planning Commission may vote to recommend approval or denial of your request, or it may defer decision to vote until the next scheduled (or other) meeting. In either case, the Planning Commission's determination is a recommendation only. It is NOT a final decision-only the Parish Council can render a final decision.

Once the Planning Commission has made a recommendation on your case (either "for" or "against" approval), the case will then be scheduled for a *second* public hearing, this time before the Parish Council, who will either render a decision at that same hearing, or defer their decision to the next scheduled (or other) meeting.

The zoning change process can be confusing at times, so please feel free to contact our staff with any questions you may have.

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Date: _____

Received by: _____

Tracking Number: _____

ZONING CHANGE / CONDITIONAL USE APPLICATION

Hearing Date: _____ Case /Docket# _____ Hearing Time: _____

The undersigned owner (or his/her authorized agent) hereby applies to the St. Bernard Planning Commission for a favorable recommendation to the St. Bernard Parish Council in relation to change of zoning and/or condition use designation for the property/properties described below:

THE FOLLOWING MUST BE COMPLETED IN ITS ENTIRETY BY THE APPLICANT

Municipal address or general site location: _____

Lot(s): _____ Block: _____ Survey: _____

Section: _____ Township: _____ Range: _____ Approx. Acreage: _____

From _____ zoning district to _____ zoning district

Proposed use: _____

I hereby certify that I am owner of the above-described property or the owner's authorized agent.

Owner or agent Signature: _____

Address: _____

City, State and Zip Code: _____

Telephone: _____

NOTE: The owner/applicant acknowledges that this request for a zoning change of the above-reference property permits the St. Bernard Parish Council to rezone the property to any zoning district other than the district requested here as may be suitable and appropriate for the property.

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DESIGNATION OF AUTHORIZED AGENT / ATTORNEY-IN-FACT FORM

The undersigned owner/owners of the property described in the application hereby designate

as the authorized agent/attorney-in-fact with the following powers and authority to do all things that may be required in order to apply for a variance, rezoning, or subdivision on said property, including but not limited to completion and execution of applications, receipt of notices, execution of acknowledgments, attendance and presentations of evidence at all hearings and execution of agreements.

OWNER SIGNATURE _____

OWNER NAME (PRINT) _____

ADDRESS _____

TELEPHONE NUMBER _____

AGENT SIGNATURE _____

AGENT NAME _____

ADDRESS _____

TELEPHONE _____

State of _____

I, the undersigned Notary Public, hereby certify that

_____ whose name(s) is/are signed to the foregoing DESIGNATION OF AUTHORIZED AGENT(S)/ATTORNEY(S)-IN-FACT has /have acknowledged to me under oath that they have read and understand the foregoing and executed same before me on this day.

Given under my hand and Official Seal this ____ day of _____, 20 ____,

Commission Expires