



# West Baton Rouge Parish Rezoning Request

Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is the Applicant the owner of the property? Yes( ) No( )

*IF the answer is "NO", the applicant must have a legal right to the present use and possession of the property for the term of the requested use.*

Owner of Property (if different from applicant): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant:** Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Owner:** Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Zone: \_\_\_\_\_ Requested Re-Zoning: \_\_\_\_\_

Requested Rezoning for proposed use:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address of Subject Property: \_\_\_\_\_

Current Use of Subject Property: \_\_\_\_\_

**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.
- Fee.** The applicant shall pay West Baton Rouge Parish the sum three hundred and fifty dollars (\$350.00) for each Rezoning Request. 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#: \_\_\_\_\_ File# \_\_\_\_\_