



**PLANNING AND ZONING COMMISSION
APPLICATION FOR CONDITIONAL USE PERMIT – MOBILE VENDOR
P.O. BOX 310 – 4650 MAIN STREET
ZACHARY, LA 70791**

**(ALL ITEMS LISTED BELOW ARE REQUIRED AND
MUST BE SUBMITTED BEFORE APPLICATIONS ARE
CONSIDERED COMPLETE AND CAN BE ACCEPTED)**

- Conditional Use Permit – Mobile Vendors Application:
 - Applicant’s contact information
 - Property owner’s contact information
 - Applicant’s Signature
- Statement of Ownership:
 - Must be notarized
 - A separate statement of ownership is required for each property/location
- Application fee of \$250: cash, check/money order (payable to: City of Zachary), credit card
*Checks and money orders should be made payable to “City of Zachary” and credit card payments are subject to an additional 3% surcharge.

NOTE TO APPLICANT:

- Conditional Use Permit for Mobile Vendors must be approved by both the Planning and Zoning Commission (P&Z) and the City Council
- The applicant, or a representative, **MUST BE PRESENT** at the meetings to answer any questions.
- The City will place a sign on the property notifying the adjacent properties of the upcoming request and meetings.

If you have any questions, please do not hesitate to contact our office at (225) 654-1935. We are open Monday – Thursday, 7:00 am-5:30 pm.

Thank you!

City of Zachary
Planning and Zoning Department
(225) 654-1935



APPLICATION FOR CONDITIONAL USE PERMIT – MOBILE VENDOR
PLANNING AND ZONING DEPARTMENT
P.O. BOX 310 – 4650 MAIN STREET
ZACHARY, LA 70791

DATE: _____

Name of Applicant(s) _____

Mailing Address _____

Phone Number(s) Home: _____ Work: _____ Cell: _____

Email Address _____

Name of Owner(s)/Authorized Agent: (if different from Applicant) _____

Mailing Address _____

Phone Number(s) Home: _____ Work: _____ Cell: _____

Email Address _____

Locational Description:

Mobile Vendor Business Name: _____

Provide description of mobile vendor business (type of business/general description):

Below, list proposed mobile vendor locations: (approval from each property owner/business must be provided):

- Physical Address of Property _____

Property Owner's Name _____ Phone Number: _____

Email Address _____

Existing Zoning: _____



• Physical Address of Property _____

Property Owner's Name _____ Phone Number: _____

Email Address _____

Existing Zoning: _____

• Physical Address of Property _____

Property Owner's Name _____ Phone Number: _____

Email Address _____

Existing Zoning: _____

The APPLICANT for the permit requested herein, hereby swears and affirms, that he/she and all parties interested in said application have read all questions, and the answers thereto, all in connection with application of said APPLICANT for a City of Zachary CONDITIONAL USE PERMIT – MOBILE VENDOR as indicated in said application; that he/she and all parties interested in said application fully acknowledge that all statements and facts herein are true and correct to the best of my knowledge; that he/she and all parties interested in said application understand, acknowledge, and affirm that they have read the conditions of the City of Zachary Code of Ordinances and all other applicable sections of the City of Zachary's Unified Development Code.

Signature of Applicant

Date

(OFFICIAL USE ONLY)

City of Zachary – Planning and Zoning Department

Date Filed: _____

Date of Notice in Newspaper: _____

Received by: _____

Sign Posted: _____

P/Z Date: _____

P/Z Action: _____

Council Date: _____

Council Action: _____