



**PLANNING AND ZONING COMMISSION
APPLICATION FOR REZONING
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)**

- Rezoning 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 \$300 plus \$50/acre: 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:

- Rezoning must be approved by the Planning and Zoning Commission (P&Z) and the City Council.
- The applicant, or a representative, **MUST BE PRESENT** at both P&Z and City Council meetings.
- 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 REZONING
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 Property Owner(s): (if different from Applicant) _____

Mailing Address _____

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

Email Address _____

Locational Description:

Subdivision/Tract _____

Lot/Tract No.: _____ Physical Address: _____

Size of Property: _____

Existing Zoning: _____ Existing Use: _____

Requested Zoning: _____

Future Land Use: _____

Proposed Use: _____

Give brief explanation/reason for Rezoning: _____

Wavier(s) Requested: _____



Owner(s) of the legally described property, hereby request the consideration for CHANGE OF ZONING as specified. I/We fully understand and agree to abide by the zoning restrictions as stated in the City of Zachary's Unified Development Code. I affirm that the information given in this application is true and correct.

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 Requested: _____

Council Date: _____

Council Action: _____