



PLANNING AND ZONING COMMISSION
CONDITIONAL USE PERMIT – HOME BASED BUSINESS
P.O. Box 310 - 4650 Main Street
Zachary, LA 70791

DATE: _____

Name of Applicant: _____

Mailing Address _____

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

Email Address _____

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

Mailing Address: _____

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

Email Address: _____

Location Information

Physical Address of Property: _____

Existing Zoning: _____

Desired Property Use:

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 – Home Based Business 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 Unified Development Code.

Signature of Applicant

Date

Signature of Owner/Authorized Agent

Date

(For Official Use Only)

City of Zachary, Louisiana - Planning and Zoning Commission

Date Filed: _____

Date of Notice in Newspaper: _____

Received by: _____

Date of Notice to Adjacent Property Owners: _____

P/Z Date: _____

P/Z Action Requested: _____

Council Date _____

Council Action: _____