



# APPLICATION FOR COMPREHENSIVE PLAN TEXT/MAP AMENDMENT

PLANNING AND ZONING DEPARTMENT  
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 Owner: (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: \_\_\_\_\_

Future Land Use: \_\_\_\_\_

Requested Future Land Use: \_\_\_\_\_

Give brief explanation/reason for Future Land Use Designation: \_\_\_\_\_

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Owner(s) of the legally described property, hereby request the consideration of comprehensive plan text/map amendment change 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

<b>(OFFICIAL USE ONLY)</b>	
<b><u>City of Zachary – Planning and Zoning Department</u></b>	
Date Filed: _____	Date of Notice in Newspaper: _____
Received by: _____	Sign Posted: _____
P/Z Date: _____	P/Z Action Requested: _____
Council Date: _____	Council Action: _____