



**PLANNING AND ZONING COMMISSION  
APPLICATION FOR RESUBDIVISION  
P.O. Box 310 - 4650 Main Street  
Zachary, LA 70791**

DATE: \_\_\_\_\_

**Name of Applicant** \_\_\_\_\_

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

Phone Number(s) Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Name of Owner: (if different from Applicant)** \_\_\_\_\_

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

Phone Number(s) Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Locational Description:** Subdivision/Tract \_\_\_\_\_

Lot/Tract No.: \_\_\_\_\_ Physical Address: \_\_\_\_\_

Where did you get this address:  Post Office  City Building Dept.  9-1-1 Office  Other \_\_\_\_\_

\*Please verify address with City of Zachary Planning and Zoning

Existing Zoning: \_\_\_\_\_ Existing Use: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Give brief explanation/reason for Resubdivision: \_\_\_\_\_

Are variances required for compliance with the Unified Development Code? If so, which one(s)? \_\_\_\_\_

Owner(s) of the legally described property, hereby request the consideration of resubdivision 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

\_\_\_\_\_  
Signature of Owner (if different from Applicant)

\_\_\_\_\_  
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: \_\_\_\_\_