



Date Received _____

Rezoning

City of Baton Rouge / Parish of East Baton Rouge
Office of the Planning Commission, 1100 Laurel Street, Suite 104
Baton Rouge, Louisiana 70802

Staff Use Only

Fee(s): _____ Application Taken by: _____
Case Number: _____ Meeting Date: _____
MPN Project Number: _____

Please Print or Type (all entities listed below will be copied on all comments)

1. Applicant Name and Title: _____
 Email Address: _____ Daytime Phone Number: _____
 Business (if applicable): _____
 Address: _____ City: _____ State: _____ ZIP: _____
2. Developer (if applicable): _____
 Email Address: _____
3. Name of Property Owner: _____
 Email Address: _____ Daytime Phone Number: _____
 Business (if applicable): _____
 Address: _____ City: _____ State: _____ ZIP: _____
4. Property Information:
 CPPC Lot ID#(s): _____
 Lot #(s): _____ Block/Square: _____
 Subdivision or Tract Name: _____
 Area to be Rezoned:
 Standard Single Metes and Bounds Multiple Metes and Bounds
5. Property Street Address: _____
6. Specific Proposed Use: _____
7. Action Requested:
 Rezoning To rezone from _____ to _____
 Acres: _____
8. Justification for action requested: _____

9. Previous Applications:

Has any application been submitted to the Planning Commission concerning any part of the subject property within the past two years?

Yes No

If yes, provide the details and final result below

10. Acknowledgement:

I acknowledge that private deed restrictions or covenants may exist on the subject property. I recognize that neither the Planning Commission nor its staff may consider such deed restrictions or covenants, if any, when determining approval or denial of an application, nor can the City or Parish enforce private deed restrictions or covenants. It is my responsibility as an Applicant to determine if any such deed restrictions and covenants exist on the subject property, and to be aware that violations of the same subject me and/or Property Owner to litigation from others.

I understand that the application and advertising fees are to be made at the time the application is submitted and are nonrefundable. (Applications must be received by 10:00 a.m. on the scheduled Application Deadline)

Application must be signed by both applicant and property owner if different. Letter of authorization must be submitted in absence of the property owner's signature or where an authorized agent signs in lieu of either property owner or applicant.

Signature of Applicant	Type or Print Name of Applicant	Date
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Signature of Property Owner	Type or Print Name of Property Owner	Date
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REZONING FEE SCHEDULE

Processing Fee is \$500 plus \$100 per acre or fraction thereof over one

ADVERTISING FEE

Standard Ad \$200

Metes and Bounds Ad \$300

Multiple Metes and Bounds Ad \$850

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- A. Land Use Classification(s): _____
- B. Zoning Classification(s): _____
- C. Existing Land Use(s): _____
- D. Surrounding Land Use(s): _____
- E. Surrounding Land Use Classification(s): _____
- F. Surrounding Zoning Classification(s): _____
- G. Proposed Conditional Use: _____
- H. Comprehensive Land Use Plan: Consistent – Subject property size (in acres): _____
 Not Consistent: Small Scale or Large Scale (over 5 acres)
- I. Planning District/Sub Area: _____
- J. Census Tract: _____
- K. Lot and Block: _____
- L. Council District: 1 2 3 4 5 6 7 8 9 10 11 12
- M. Describe compatibility of proposed rezoning to future land use element objective and policies:

- N. Identify other amendments necessary to preserve internal consistency with the Comprehensive Land Use Plan and elements: _____

- O. Comments: _____

- P. Is subject property within Zone of Influence (Zachary, Central, BREC, or Health District)? If so, contact as needed.
 No Yes – date correspondence sent: _____
- Q. Is subject property located on **MoveBR**? If so, contact as needed.
 No Yes – date correspondence sent: _____
- R. _____
Planning Director or Authorized Signature Date