

Subdivision

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: _____
Address: _____ City: _____ State: _____ ZIP: _____
4. Subject Property Information:
CPPC Lot ID#(s): _____
Lot #(s): _____ Block/Square: _____
Subdivision or Tract Name: _____
(If property is not subdivided, attach a complete legal description and survey map indicating bearings and dimensions.)
Nearest Intersection: _____
5. Specific Proposed Use: _____
6. Zoning District and Comprehensive Plan Land Use Designation: _____
7. Size of property: _____
8. Type of Subdivision: Five lots or less Six lots of greater Flag Lot
9. Average size of proposed lots: _____
10. Waiver(s) requested: No Yes
If "Yes" specify the ordinance section, paragraph and justification for the requested waiver(s):

11. Access: Private Street Public Street (City-Parish) Public Street (State)
If street is a State/Hwy approval is contingent upon LADOTD approval of access.

12. Stormwater Management Plan (SMP):

Submitted Not Submitted If not submitted please explain: _____

13. Drainage Impact Study:

Submitted Not Submitted If not submitted please explain: _____

14. Water Quality Impact Study:

Submitted Not Submitted If not submitted please explain: _____

14. Compliance with Development Review Committee and/or Departments of Development and Transportation and Drainage comments will be required prior to approval:

Acknowledgment

15. 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.

Public Hearing Items: I acknowledge that the Planning Commission makes the final decision on the approval or denial of this application. I also recognize I do not have a right to an approval, regardless of staff certification that the application meets ordinance requirements. A Public Hearing is required to be held and the Planning Commission will make the decision based upon all evidence presented at the meeting.

I understand that the application fee is nonrefundable. (Applications must be received by 10:00a.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

Signature of Property Owner Type or Print Name of Property Owner Date

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- A. Land Use Classification(s): _____
 - B. Zoning District(s): _____
 - C. Existing Land Use(s): _____
 - D. Surrounding Land Use(s): _____
 - E. Surrounding Land Use Classification(s): _____
 - F. Surrounding Zoning Classification(s): _____
 - G. Proposed Land Use: _____
 - H. Comprehensive Plan: Consistent Not Consistent
 - 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. DRC and/or Departments of Development and Transportation and Drainage Compliance:
 No Yes
 If "No" explain: _____
 - N. Stormwater Management Plan (SMP): No Yes
 If "No" explain: _____
 - O. Drainage Impact Study (DIS): No Yes
 If "No" explain: _____
 - P. Water Quality Impact Study (WQIS): No Yes
 If "No" explain: _____
 - Q. Waiver(s) Requested: No Yes
 - R. Complete Check List: No Yes
 - S. Comments: _____
 - T. Is subject property within Zone of Influence (Zachary, Central, BREC, or Health District)? If so, contact as needed.
 No Yes – date correspondence sent: _____
 - U. Is subject property located on **MoveBR**? If so, contact as needed.
 No Yes – date correspondence sent: _____
 - V. _____
- Planning Director or authorized signature Date