



Date Received: _____

Manufactured Home Park

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: _____
 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 a survey map indicating bearings and dimensions.)
 Nearest Intersection: _____
5. Specific proposed use (Type of development and general background):

6. Waiver(s) requested:
 Yes No
 If "Yes" specify the ordinance section and paragraph and give justification for the requested waiver(s):

7. Access:

- Private Street Public Street (City-Parish) Public Street (State)

If street is a State Road/Highway, approval is contingent upon LADOTD approval of access.

8. Parking:

(Specify the number of parking spaces that will be proposed in addition to the required amount.)

9. Stormwater Management Plan (SMP):

- Submitted Not Submitted If not submitted please explain:

10. Drainage Impact Study:

- Submitted Not Submitted If not submitted please explain:

11. Water Quality Impact Study:

- Submitted Not Submitted If not submitted please explain:

12. 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 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
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Signature of Property Owner	Type or Print Name of Property Owner	Date
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Staff Use Only

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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 Land Use: _____
- H. Comprehensive Plan: Consistent Not Consistent
- I. Planning District/Sub Area: _____
- J. Parcel ID #(s): _____
- K. Council District: 1 2 3 4 5 6 7 8 9 10 11 12
- L. Waiver(s) requested: No Yes
- M. Complete Check List: No Yes
- N. Comments: _____

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

- Planning Director or Authorized Signature Date