



APPLICATION FOR SUBDIVISIONS

PLANNING AND ZONING DEPARTMENT

P.O. BOX 310 – 4650 MAIN STREET

ZACHARY, LA 70791

(SELECT ALL THAT APPLY BELOW)

Submittal: New Revision (provide #) _____

Subdivision: Major Minor

Type: Preliminary Plat Final Plat

Revision: Major Change Minor Change

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 the property: _____ Number of proposed Lots or Tracts: _____

Existing Zoning: _____

Future Land Use: _____



Access: Private Street Public Street (Zachary) Public Street (City-Parish) Public Street (State)

Traffic Impact Study:

Submitted

Not Submitted

If not submitted please explain:

Stormwater Management Plan:

Submitted

Not Submitted

If not submitted please explain:

Drainage Impact Study:

Submitted

Not Submitted

If not submitted please explain:

Signature of Applicant

Date

(OFFICIAL USE ONLY)

City of Zachary – Planning and Zoning Department

Date Filed: _____

Date of Notice in Newspaper: _____

Received by: _____

Sign Posted: _____

P/Z Date: _____

P/Z Action Requested: _____

Council Date: _____

Council Action: _____