

## PLANNING AND ZONING COMMISSION APPLICATION FOR PLANNED UNIT DEVELOPMENT P.O. BOX 310 – 4650 MAIN STREET ZACHARY, LA 70791

## (ALL ITEMS LISTED BELOW ARE REQUIRED AND MUST BE SUBMITTED BEFORE APPLICATIONS ARE CONSIDERED COMPLETE AND CAN BE ACCEPTED)

- □ Planned Unit Development Application:
  - Applicant's contact information
  - Property owner's contact information
  - Applicant's Signature
- □ Statement of Ownership:
  - o Must be notarized
  - $\circ$   $\;$  A separate statement of ownership is required for each property/location
- □ Concept Plan or Final Development Plan
- □ Traffic Study, Drainage Impact Study and Stormwater Management (if needed)
- □ Application fee of \$500 plus \$100/acre over 10: cash, check/money order (payable to: City of Zachary), credit card

\*Checks and money orders should be made payable to "City of Zachary" and credit card payments are subject to an additional 3% surcharge.

## NOTE TO APPLICANT:

- Planned Unit Development must be approved by both the Planning and Zoning Commission (P&Z) and the City Council
- The applicant, or a representative, MUST BE PRESENT at the meetings to answer any questions.
- The City will place a sign on the property notifying the adjacent properties of the upcoming request and meetings.

If you have any questions, please do not hesitate to contact our office at (225) 654-1935. We are open Monday – Thursday, 7:00 am-5:30 pm.

Thank you!

City of Zachary Planning and Zoning Department (225) 654-1935



APPLICATION FOR PUD/TND PLANNING AND ZONING DEPARTMENT P.O. BOX 310 – 4650 MAIN STREET

ZACHARY, LA 70791

## (SELECT ALL THAT APPLY BELOW)

Project:		TND		PUD					
Plan Type:		Concept Plan		Final Development Plan					
Submittal:		New		Revision #		Renewal (PUD#/TND#)			
Revision:		Minor Change		Major Use Change		Major Site Change			
						DATE:			
Name of Applicant(s)									
Mailing Address									
Phone Number(s) Home:				Work:		Cell:			
Email Address									
Name of Owner(s)/Authorized Agent: (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						Lots or Tracts:			
Requested Zoning:									
To rezone fro	om			to					



Requested Future Land Use:									
Access:  □ Private Street	□ Public Street (Zachary)	Public Street (City-Parish) P	ublic Street (State)						
Traffic Impact Study:	□ Not Submitted	If not submitted please expla	ain:						
Stormwater Managemer	nt Plan:								
Submitted	□ Not Submitted	If not submitted please expla	ain:						
Drainage Impact Study:	□ Not Submitted	If not submitted please expla	ain:						
Signature of Applicant			Date						
<u>(OFFICIAL USE ONLY)</u> City of Zachary – Planning and Zoning Department									
Date Filed: Received by: P/Z Date: Council Date:	Sign P/Z A	e of Notice in Newspaper: Posted: Action Requested: ncil Action:							