



**PLANNING AND ZONING COMMISSION
APPLICATION FOR RESUBDIVISION
P.O. Box 310 - 4650 Main Street
Zachary, LA 70791**

DATE: _____

Name of Applicant _____

Mailing Address _____

Phone Number(s) Home: _____ Work: _____ Cell: _____

Name of Owner: (if different from Applicant) _____

Mailing Address _____

Phone Number(s) Home: _____ Work: _____ Cell: _____

Locational Description: Subdivision/Tract _____

Lot/Tract No.: _____ Physical Address: _____

Where did you get this address: Post Office City Building Dept. 9-1-1 Office Other _____

*Please verify address with City of Zachary Planning and Zoning

Existing Zoning: _____ Existing Use: _____

Proposed Use: _____

Give brief explanation/reason for Resubdivision: _____

Are variances required for compliance with the Unified Development Code? If so, which one(s)? _____

Owner(s) of the legally described property, hereby request the consideration of resubdivision as specified. I/We fully understand and agree to abide by the zoning restrictions as stated in the City of Zachary's Unified Development Code. I affirm that the information given in this application is true and correct.

Signature of Applicant/Owner of Record

Date

Printed Name

(For Official Use Only)

City of Zachary, Louisiana - Planning and Zoning Commission

Date Filed: _____

Date of Notice in Newspaper: _____

Received by: _____

Date of Notice to Adjacent Property Owners: _____

P/Z Date: _____

P/Z Action Requested: _____

Council Date _____

Council Action: _____