

CITY OF ST. GEORGE MUNICIPAL SERVICES

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Application for a ZONING MAP AMENDMENT

13646 Perkins Rd, 70810 225-228-3200	planning@stgeorgela.gov	StGeorgeLA.gov
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This application is for amendments to the Official Zoning Map (aka Rezoning).

Property		Proposed Zoning Map Amendment	
Current Zoning	District:	Proposed Zoning District:	
Location:		Acres Proposed to be Rezoned:	
Current Use:		Reason for rezoning:	
Property Owne	r:		
Applicant			
Property Ov	vner 🗌 Other:		
Name:			
Business, if app	licable:		
Mailing Addres	SS:		
City, State, Zip:			
Phone			
Email:		Required Attachments	
I attest that all information provided with this application is true and correct, and that I am authorized to submit this application. I agree that: (a) the City will place a sign on the property and that it will remain throughout the process; and (b) I or a designated representative will attend the public hearing.		 Survey or legal description of property, noting area to be rezoned (if not entire property) True copy of title or deed (proof of ownership) Fees; please speak with a Planner to confirm 	
	in attend the public fielding.	Additional Authorized Representative Only if applicable	
Signature of Applicant Date		Name:	
Signature of Ov	wner, if not Applicant Date	Email:	
Received By:	Received Date:		
Fee \$ Case #	Receipt # Related Case(s):		

ZC Meeting Date: