



City of Donaldsonville

P.O. Box 470

Donaldsonville, LA 70346

Phone (225) 473-4247 • Fax (225) 473-0630

Residential Plan Review

Date of Request _____

Request By: Name: _____

Address: _____

City: _____

Telephone #: _____

Location of Property: _____

I ☐ rent ☐ own ☐ lease the above described property. *Check one.*

I wish to do the following with the above described property.

I am requesting this certificate to do the following: ☐ Renovation ☐ Addition and new construction described above.

The area in which the property is located is zoned for:

(R1) Single Family Residential _____

(R2) Single Family Residential _____

(R3) Multiple Family Residential _____

(C1) Neighborhood Commercial _____

(C1-A) Expanded Limited Commercial _____

(C2) General Commercial _____

(I) Industrial _____

Applicant's Signature _____ Date _____

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Zoning Administrator

I _____, hereby certify that the request of _____
is hereby ☐ granted ☐ denied for the following reason.

Zoning application **APPROVED** provided the applicant will abide by all state, parish, and city codes and ordinances and will obtain all necessary permits and licenses.

Zoning application **DENIED** for the following reason: _____

Signature of Zoning Administrator

Date