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

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