



City of Donaldsonville

P.O. Box 470

Donaldsonville, LA 70346

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

Commercial Zoning Application

Street Address of Property: _____

Name of Business: _____

Building to be used for (list all purposes and uses of building and land): _____

Construction to be performed on building and/or property:

____ New Construction ____ Repair
____ Renovation ____ Relocation
____ Remodeling ____ Occupancy Change

Applicant: Name: _____

Address: _____

Phone #: _____

Property Owner: Name: _____

Address: _____

Phone #: _____

Contact person for inspection: (Monday through Friday 8am to 3pm)

Name: _____

Phone #: _____

Signature of Applicant: _____

For Administrative Use Only

Building Occupancy Permitted Use Classification: _____

Zoning District Permitted Use Classification: _____

Zoning District Classification:

R-1 Single family residential **C-1** Neighborhood commercial
R-2 Single family residential **C-2** General commercial
R-3 Multi family residential **I** Industrial

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 reasons: _____

Signature of Zoning Administrator



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Commercial Zoning Checklist Questionnaire

Date _____

1. Location of Proposed Property:

a. Street Address of Property _____

b. Lot Number and Description of Property (if needed) _____

2. Drawing Requirements:

a. Construction to be performed on building and/or property.

- ____ 1. New Construction ____ 4. Relocation
____ 2. Renovation ____ 5. Occupancy Change
____ 3. Repair

b. If New Construction, is building or structure:

1. Educational, Institutional, or Assembly occupancy.
2. Three stories or more in height.
3. 5000 square feet or more in area.

c. Drawings to submit with zoning application:

1. Site plan drawing(s) required: Yes No
- a. submit ____ set(s) of drawings. Yes No
- b. drawings must be drawn to scale. Yes No
- c. blue prints must be drawn by an architect or engineer. Yes No
- d. hand drawings will be acceptable. Yes No
2. Construction word drawing(s) required: Yes No
- a. submit ____ set(s) of drawings. Yes No
- b. drawings must be drawn to scale. Yes No
- c. blue prints must be drawn by an architect or engineer. Yes No

3. A pre-zoning walk through inspection of the site is required. Yes No

4. A pre-zoning walk through inspection of the facility is required. Yes No

5. Project site boundary locations need to be clearly marked. Yes No
(staked, painted, fence line, etc.)

6. Project location falls within the boundaries of:

- a. Historic District Yes No
* If Yes, the Historic District Commission Application for a Certificate of Appropriateness must be completed.
- b. Flood Hazard Area "A Zone" Yes No
* If Yes, the Elevation Certification for "A Zone" Development section of the Development Permit Application must be completed.

7. Special Instructions: _____

Signature of Zoning Administrator



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Commercial Plan Review Determination

(Meeting with Fire Chief)

Immediate Past Use and Occupancy: _____
(Name of last business at this location)

Date Building Was Last Occupied: _____

Life Safety Occupancy Classification: _____

Plan Review Application must be submitted to the Office of State Fire Marshall. Yes No

** If yes, Building Permits will not be issued without State Plan Review approval.

Signature of Fire Chief or his Designee

Date