



# City of Donaldsonville

P.O. Box 470

Donaldsonville, LA 70346

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

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) 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