



MARK R. JOHNSON
Mayor

CITY OF COVINGTON

PLANNING AND ZONING OFFICE

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APPLICATION FOR COMMERCIAL ZONING CHANGE

Property Owner(s) Date _____

Petitioner(s) Date _____

Name _____

Name _____

Mailing Address _____

Mailing Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Phone _____ Fax _____

Email _____

Email _____

Owner's Signature *(I hereby certify that this petitioner has permission to apply for a resubdivision.)*

Petitioner's Signature *(I hereby certify all information submitted to the City of Covington is TRUE AND CORRECT. Failure to submit correct information may result in denial of petition.)*

REQUESTED ZONING CHANGE FROM: _____ TO: _____

LOCATION OF PROPERTY/GENERAL DESCRIPTION ZONING: _____

PROPOSED USE OF SITE: _____

PREVIOUS USE OF SITE: _____

SQUARE FEET OF BUILDING: _____

HEIGHT OF PROPOSED BUILDING: _____

HOURS OF OPERATION: _____

NUMBER OF EMPLOYEES: _____

LOT SIZE: _____

APPLICANT MUST SUBMIT THE FOLLOWING DOCUMENTS:

(ALL PLANS MUST BE FOLDED, AND WE MUST HAVE 15 COLOR COPIES OF ANY COLOR DRAWINGS OR PHOTOGRAPHS.)

- One (1) electronic copy of the typed legal description and cash sale document of the property
- One (1) notarized and sealed copy of the Property Ownership Certification Form
- Fifteen (15) copies of the survey, signed and sealed (no larger than legal size)
- One (1) copy of a letter stating why a zoning change is needed for the site
- A pre-application meeting with the City Planner is advised

APPLICANT SHOULD RECEIVE THE FOLLOWING:

- Copy of the applicable district regulations
- Copy of Part 4, Off-Street Parking and Loading Regulations (if applicable)
- Copy of Part 4, Minimum Landscape Requirements (if applicable)
- Property Ownership Certification Form

My signature certifies that I have received the above checked items:

Applicant's Signature _____ **Date:** ____ / ____ / ____

Application Filing Fee	\$ 400.00
Non-Residential Fee	
\$100.00 per parcel x _____ = \$ _____	
Advertising Fee	\$ 400.00
TOTAL FEES	\$ _____
<i>Not to exceed \$5,000.00</i>	

PAID **DATE:** _____ / _____ / _____