



MARK R. JOHNSON  
Mayor

# CITY OF COVINGTON

## PLANNING AND ZONING OFFICE

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### APPLICATION FOR MULTI-FAMILY 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

**Multi-Family Residential Fee**  
\$100.00 per parcel x \_\_\_\_\_ = \$ \_\_\_\_\_

**Advertising Fee** \$ 400.00

**TOTAL FEES** \$ \_\_\_\_\_

*Not to exceed \$2,500.00*

**PAID**  **DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_