



MARK R. JOHNSON
Mayor

CITY OF COVINGTON

PLANNING AND ZONING OFFICE

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APPLICATION FOR TENTATIVE APPROVAL SUBDIVISION

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.)*

LOCATION OF PROPERTY (GENERAL DESCRIPTION): _____

PROPOSED SUBDIVISION'S NAME: _____

PROPOSED ACREAGE: _____

NUMBER OF PROPOSED LOTS: _____ AVERAGE SIZE OF LOTS: _____

ZONING CLASSIFICATION(S): _____

PROPOSED USE(S): _____

FLOOD ZONE(S): _____

HEIGHT OF PROPOSED BUILDING(S): _____

HOURS OF OPERATION: _____

NUMBER OF EMPLOYEES: _____ NUMBER OF PARKING SPACES: _____

APPLICANT MUST SUBMIT 15 COPIES OF THE FOLLOWING DOCUMENTS:
(ALL PLANS MUST BE FOLDED, AND WE MUST HAVE 15 COLOR COPIES OF ANY COLOR DRAWINGS OR PHOTOGRAPHS.)

- Copies of the conceptual sketch
- Copy of a letter stating the nature of the subdivision request and waivers (if applicable)

APPLICANT MUST SUBMIT 1 COPY OF THE FOLLOWING DOCUMENTS:
(THESE DOCUMENTS MUST BE COLLATED AND STAPLED OR CLIPPED TOGETHER.)

- Copy of the vicinity map
- Electronic and hard copy of the typed legal description
- Notarized and stamped/sealed copy of the Property Ownership Certification Form

Application Filing Fee	\$ 100.00
\$15.00 per subdivided lot	\$ _____
Advertising Fee	\$ 200.00
TOTAL FEES	\$ _____

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